

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

35 County Dunklin
Township Union
City (No.) St. Ward

Registration District No. 282
Primary Registration District No. 5401

File No. 4228
Registered No. 6

2. FULL NAME

William Vincent

(a) Residence. No. St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mildred Vincent

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 2 1905

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
26 5 23

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN).....
(STATE OR COUNTRY) MO.

10. NAME OF FATHER Robt Vincent

11. BIRTHPLACE OF FATHER (CITY OR TOWN).....
(STATE OR COUNTRY) MO.

12. MAIDEN NAME OF MOTHER Eva Johnson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....
(STATE OR COUNTRY) Ark. 2

14. INFORMANT Mrs Mildred Vincent
(Address) Campbell MO

15. FILED 2/2 1932 Benjamin D. Fopay
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 7 - 1932

17. I HEREBY CERTIFY, That I attended deceased from June 16, 1931, to Feb 1, 1932
that I last saw him alive on Feb 1, 1932 and that death occurred, on the date stated above, at 6 1/2 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Double Lobar Pneumonia
108
Effusion in Right Pleura
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Pneumonia
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Campbell MO

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY? (D)

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) John L. Brown, M. D.
2-21, 1932 (Address) Campbell MO

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Vincent Cemetery DATE OF BURIAL 2/2 1932

20. UNDERTAKER None ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAR 22 1932

JUN 1 1961