

WRITE CLEARLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

JUL 16 1936

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

Do not use this space.

22093

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township

Primary Registration District No. 1001

City

St. Joseph

(No. Mo. Meth. Hosp.)

File No.

Registered No. 864

St.

Ward

2. FULL NAME

Reel Lee Vangilder

(a) Residence, No. Union Star Mo.
(Usual place of abode)

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs. 10 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)

single

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

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

Feb 2, 1924

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

12

4

26

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Union Star Mo.

FATHER

13. NAME

Paul Clifton Vangilder

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Union Star Mo.

MOTHER

15. MAIDEN NAME

Merline Opal Hall

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Near Union Star Mo.

17. INFORMANT (ADDRESS)

Paul Clifton Vangilder Union Star Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Union Star

DATE June 30, 1936

19. UNDERTAKER (ADDRESS)

Lucile M. Wilson King City Mo.

20. FILED

6/29

1936

L. J. Westlbush

Registrar, 3/10

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-28-36 .19

22. I HEREBY CERTIFY, That I attended deceased from 6-26-36, 1936, to 6-28-36, 1936.

I last saw him alive on 6-27-36, 1936. Death is said

to have occurred on the date stated above, at 6:10 AM.

The principal cause of death and related causes of importance were as follows:

Tetanus

Date of onset 6-24-36

Other contributory causes of importance:

Laceration Great toe right foot

Name of operation Opening & drainage Date of 6-26-36

What test confirmed diagnosis? Specimens Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? accident Date of Injury 6-9-36

Where did injury occur? Union Star Mo.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury fall from diving

Nature of injury lacerating Great toe

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify

(Signed) Floyd H. Jennings, M. D.

(Address) St. Joseph, Mo.

