

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

1 PLACE OF DEATH

County Perry
Township Beisl Brule Registration District No. 1128 File No. 5779^a
or
Village Primary Registration District No. 5879-A Registered No. 50
or
City (NO. St. Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Stella Vancouver

PERSONAL AND STATISTICAL PARTICULARS

V MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED OR DIVORCED married
(Write the word)

16 DATE OF DEATH Feb. 9, 1922.
(Month) (Day) (Year)

6 DATE OF BIRTH July 28, 1900.
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Feb. 4, 1922, to Feb. 9, 1922, that I last saw him alive on Feb. 9, 1922, and that death occurred, on the date stated above, at 11 a. m.

7 AGE 21 yrs. 6 mos. 12 ds. IF LESS than 1 day, hrs. or min.?

THE CAUSE OF DEATH* was as follows:

8 OCCUPATION (a) Trade, profession, or particular kind of work House work
(b) General nature of industry, business, or establishment in which employed (or employer)

Lobar Pneumonia

9 BIRTHPLACE (City or town, State or foreign country) Perry County Mo.

1266 a
(Duration) yrs. mos. ds.
101 101 101

10 NAME OF FATHER Joseph Kerhove

CONTRIBUTORY (Secondary) Cold

11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Perry County, Mo.

(Duration) yrs. mos. ds.

12 MAIDEN NAME OF MOTHER Adelaide Ryans

(Signed) John G. Brown, M. D.

13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Perry County Mo.

Feb. 9, 1922 (Address) Belgique Mo.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

*State the Disease Causing Death, or, in death from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

(Informant) Joseph Van Waveren

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

(Address) Belgique, Mo.

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted if not at place of death?

Former or usual residence

15 Filed Feb. 10, 1922 J. H. Westman

19 PLACE OF BURIAL OR REMOVAL Belgique Mo. DATE OF BURIAL Feb. 10, 1922

20 UNDERTAKER Phil Leuchel ADDRESS Perryville Mo.

By Alvin Stephens Sub. Registrar

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.

LOCAL REGISTRAR'S RECORD—DO NOT TEAR LEAF OUT

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County

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or

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Registration District No.

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(NO.

St.

Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
6 DATE OF BIRTH	(Month)	(Day)
7 AGE	(Month)	(Day)
8 OCCUPATION	(Year)	(Year)
(a) Trade, profession, or particular kind of work	If LESS than 1 day, ... hrs.	1 day, ... hrs.
(b) General nature of industry, business, or establishment in which employed (or employer)	or min.?	or min.?

9 BIRTHPLACE (City or town, State or foreign country)	10 NAME OF FATHER
11 BIRTHPLACE OF FATHER (City or town, State or foreign country)	12 MAIDEN NAME OF MOTHER
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country)	

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	15
(Address)	

16	17
18	19
20	21

MEDICAL CERTIFICATE OF DEATH

10 DATE OF DEATH

....., 191..... (Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from to
that I last saw him alive on
and that death occurred, on the date stated above, at
The CAUSE OF DEATH* was as follows:

CONTRIBUTORY (Secondary)

(Signed) (Duration) yrs. mos. da.
..... (Duration) yrs. mos. da.
..... M. D.

PARENTS

*State the Disease Causing Death, or, in death from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death yrs. mos. da. In the State yrs. mos. da.
Where was disease contracted if not at place of death?
Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
20 UNDERTAKER ADDRESS

21