MAY 31 1927

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

Do not use this space.

9195

1. PLACE OF DEATH
County Pettie
Township Lakecreek
City ..... (No. ..... St. ..... Ward)

Registration District No. 669
Primary Registration District No. 5897

File No. .....
Registered No. .....

2. FULL NAME Edgar John Vajen

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3-29-1927

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
0	0	2	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(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) Missouri

PARENTS

10. NAME OF FATHER John G. Vajen
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Marie Brauer
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Missouri

14. INFORMANT John G. Vajen
(Address) Mora Mo R F D

15. FILED Apr. 9 1927 Mrs. Ethel Ringen
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

1

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-31-27 19

17. I HEREBY CERTIFY, That I attended deceased from Mch 31, 1927, to Mch 31, 1927 that I last saw him alive on Mch 31, 1927, and that death occurred, on the date stated above, at 6:10 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Calvular Lesion
92A

(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (SECONDARY) 90A

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Harry Bay, M. D
Mch 31, 1927 (Address) Cole Camp 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	DATE OF BURIAL
St Paul Lakecreek	3-31-27 19

20. UNDERTAKER	ADDRESS
E. L. Eichhoff	Cole Camp

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.