FEB 21 1928

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

Do not use this space. 762

Fessenden

1. PLACE OF DEATH
County: Greene — Registration District No. 318
Township: — Primary Registration District No. V001
City: Springfield (No. 560 W. Central St. Ward)

File No.
Registered No. 30

2. FULL NAME: Chas. A. Vane
(a) Residence. No. 560 W. Central 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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or WIFE OF): Fannie Vane

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 2-2-1860

7. AGE: Years 67 Months 11 Days 9 If LESS than 1 day, hrs. or min.

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

9. BIRTHPLACE (CITY OR TOWN): New Haven
(STATE OR COUNTRY): Ill.

PARENTS
10. NAME OF FATHER: Joseph Vane
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Lydia Miley
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Germany

14. INFORMANT: Fannie Vane
(Address): Springfield Mo.

15. FILED 1/13 1928 O. H. Hazelbrs
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan 11 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov 1 1927, to Jan 10 1928, that I last saw h alive on Jan 10 1928, and that death occurred, on the date stated above, at 10 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma Rectum

HD (duration) about 9 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 4 D (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) F. M. Fessenden, M. D.
Jan 13, 1928 (Address) 704 Woodruff Bldg

*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: Hazelwood Cem — DATE OF BURIAL: 1/15 1928
20. UNDERTAKER: Alma Schmeyer — ADDRESS: 6348 St Louis

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.