MAR 17 1928

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

Do not use this space.

1. PLACE OF DEATH
County: Clark
Township: Madison
City: (No. ..... St. ..... Ward)
Registration District No.: 190
Primary Registration District No.: 5269
File No.: 4344
Registered No.: 9

2. FULL NAME: Charles Vanhyning
(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: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

5A. ~~If Married,~~ Widowed ~~or Divorced~~ HUSBAND OF ~~(or) Wife of~~ Liggie Bender.

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 13, 1855

7. AGE: Years 72 | Months 6 | Days 25 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Inmate County 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): Clark County Missouri

PARENTS
10. NAME OF FATHER: Joseph Vanhyning
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Pennsylvania
12. MAIDEN NAME OF MOTHER: Emmaline McHugh
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ohio

14. INFORMANT: Mrs. Ida Yolton
(Address): Ft. Madison Ia.

15. FILED: 2/10, 1928 J. H. Bridges, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb 8 1928

17. I HEREBY CERTIFY, That I attended deceased from Feby 7, 1928, to Feby 7, 1928, that I last saw b. in alive on Feby 7, 1928, and that death occurred, on the date stated above, at 8 A.M.

~~THE~~ CAUSE OF DEATH* WAS AS FOLLOWS:
Articular Rheumatism
57A 52 A
(duration) 10 yrs. mos. ds.

CONTRIBUTORY (SECONDARY): None
(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? Phys. Diag.
(Signed) Alvah C. Bridges, M.D.
2/9, 1928 (Address) Kahoka 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: Kahoka Cemetery
DATE OF BURIAL: 2/10 1928

20. UNDERTAKER: Fred J Karle
ADDRESS: Kahoka Mo

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.