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

Do not use this space.
16690

1. PLACE OF DEATH
County Franklin — Registration District No. 289 — File No.
Township Cottonhill — Primary Registration District No. 6407 — Registered No. 28
City (No. St. Ward)

2. FULL NAME John Logan Vancil
(a) Residence. (Usual place of abode) No. St., Ward. (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: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 21, 1861

7. AGE: Years 67 — Months 3 — Days 17 — If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farming
(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) Franklin Co. Ill.

PARENTS
10. NAME OF FATHER Wm Vancil
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Union Co. Ill.
12. MAIDEN NAME OF MOTHER Nancy Minor
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ill.

14. INFORMANT Charley Vancil
(Address) Malden, Mo

15. FILED 5/9, 1928 S E Mitchell REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

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

17. I HEREBY CERTIFY, That I attended deceased from about April 25, 1928, to May 8, 1928, that I last saw him alive on May 6, 1928, and that death occurred, on the date stated above, at 11 45 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cro Sitis
34
95 P D (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) [illegible] (duration) yrs. mos. ds.

38

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? No
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Homer Berel, M. D
5/9, 1928 (Address) Malden 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: Malden Mo. — DATE OF BURIAL: 5-10 1928

20. UNDERTAKER: W. L. Craig — ADDRESS: Malden Mo.

Exact statement of OCCUPATION is very important. ... may be properly classified.