

JUL 26 1928

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

Do not use this space.

21384

1. PLACE OF DEATH
 County Newton Registration District No. 474 File No. 18
 Township _____ Primary Registration District No. 21645A Registered No. 22
 City Granby (No. _____) St. _____ Ward _____

2. FULL NAME R. B. Vance
 (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 White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 14 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 . -

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

10. NAME OF FATHER Not known

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Not known

12. MAIDEN NAME OF MOTHER _____

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) _____

14. INFORMANT J. G. Hatcher
 (Address) Granby, Mo.

15. FILED 4-14-1928 R. B. Vance REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 14 1928

17. I HEREBY CERTIFY, That I attended deceased from Mar. 1st, 1928, to June 14, 1928, that I last saw him alive on June 7th, 1928, and that death occurred, on the date stated above, at 7:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Hemorrhage
Result of Pulmonary
Tuberculosis
72 hrs. (duration) 40 yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) Hypertension (duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? _____
 WHAT TEST CONFIRMED DIAGNOSIS? _____
 (Signed) J. W. Langley, M. D.
6-14, 1928 (Address) Granby, Mo. Box 240

*State the DISEASE CAUSING DEATH, or in death 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
Granby 2007 Cemetery June 14 28

20. UNDERTAKER ADDRESS
J. A. Nutman Granby, Mo.

Every item of information should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

