

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.

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

Do not use this space.

22520

## 1. PLACE OF DEATH

County.....

Township.....

City.....

Registration District No. 791

Primary Registration District No. 1003

File No. ....

Registered No. 6726

St. ....

Ward) ....

## 2. FULL NAME

(a) Residence, No. ....

(Usual place of abode)

St. ....

Ward. ....

Vandalia Del.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da.

How long in U.S., if of foreign birth? yrs. mos. da.

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

male white

## 4. COLOR OR RACE

## 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Single

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

## 6. DATE OF BIRTH (MONTH, DAY AND YEAR)

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

## 8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(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)

## 10. NAME OF FATHER

## 11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

## 12. MAIDEN NAME OF MOTHER

## 13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

## 14.

INFORMANT

(Address)

## 15.

FILED

N 27, 1928

19

27

1928

MAY

C. Stankley

REGISTER

## MEDICAL CERTIFICATE OF DEATH

## 16. DATE OF DEATH (MONTH, DAY AND YEAR)

## 17.

I HEREBY CERTIFY, That I attended deceased from June 20, 1928, to June 24, 1928, and that I last saw him alive on June 24, 1928, and that death occurred, on the date stated above, at 9:45 a.m.

## THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Lympho sarcoma of mesenteric glands

41067

122B 4-5

## CONTRIBUTORY (SECONDARY)

(for exenteric growth) (duration) yrs. mos. da.

## 18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? yes. DATE of June 21

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Operation

(Signed) W. B. Glennon, M. D.

June 20, 1928 (Address) University Club 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

## DATE OF BURIAL

South Hill Cem Vandalia

6-27 1928

## 20. UNDERTAKER

## ADDRESS

Luther Bond Co

Vandalia Del

