SEP 26 1930

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

Do not use this space.
28163-a

1. PLACE OF DEATH
County: Phelps — Registration District No.: 680 — File No.:
Township: Springcreek — Primary Registration District No.: 5908 — Registered No.: 27555
City: (No. St. Ward)

2. FULL NAME: Francis 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: Female
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: J. A. Vance

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Apr 5th, 1860

7. AGE: Years 68 | Months 4 | Days 22 | If LESS than 1 day, hrs. or min.

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

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTY): Missouri

PARENTS
10. NAME OF FATHER: Moses Bradford
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Tenn
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER: Jane Stephens
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Tenn
(STATE OR COUNTRY)

14. INFORMANT: R E Brewer
(Address): Newburg Mo

15. FILED: Sept 4, 1930. Alpha Capps, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): August 27 1928

17. I HEREBY CERTIFY, That I attended deceased from July 9 1928, to Aug 27 1928, that I last saw her alive on Aug 27 1928, and that death occurred, on the date stated above, at 1-30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Apoplexy
B.P.H.
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
(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?
(Signed) R E Brewer, M. D
, 19 (Address) Newburg, 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: Smith Cemetery — DATE OF BURIAL: Aug 29 1928
20. UNDERTAKER: R. S. Null — ADDRESS: Rolla 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.