

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

Do not use this space.

35830

**1. PLACE OF DEATH**

County Texas  
 Township Burdine  
 City Calver (No. ....) St. .... Ward)

Registration District No. 862  
 Primary Registration District No. 6135-

File No. ....  
 Registered No. ....

**2. FULL NAME** David Burr Vanarsdall

(a) Residence. No. .... St. .... Ward. Calver  
 (Usual place of abode) (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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Male | White | Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1860-11-25

7. AGE- YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hra. or .....min.
<u>64</u>	<u>10</u>	<u>20</u>	

**8. OCCUPATION OF DECEASED**

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

PARENTS

10. NAME OF FATHER Wm H. Vanarsdall  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....  
 (STATE OR COUNTRY) Ind  
 12. MAIDEN NAME OF MOTHER SS Fisher  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....  
 (STATE OR COUNTRY) Ind

14. INFORMANT James Vanarsdall  
 (Address) Calver, Mo.

15. Oct. 15, 1928 A. N. Dvob  
 FILED REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 15 1928

17. I HEREBY CERTIFY That I attended deceased from Aug 1, 1928, to Oct 15, 1928 that I last saw h. not alive on Oct 12, 1928, and that death occurred, on the date stated above, at 11:40 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

mitral insufficiency  
920  
900 (duration) 3 yrs. .... mos. .... da.

CONTRIBUTOR (SECONDARY) 900 (duration) .... yrs. .... mos. .... da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

0 DID AN OPERATION PRECEDE DEATH..... DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? no

(Signed) Dr. Edwards, M. D  
Oct 16 1928 (Address) Calver 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 <u>Pleasant Grove</u>	DATE OF BURIAL <u>10-15 1928</u>
20. UNDERTAKER <u>Leland V. Elliott</u>	ADDRESS <u>Calver Mo.</u>

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.

