

EC 26 1928

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

Do not use this space.

36033

1. PLACE OF DEATH

County Bollinger  
Township Franklin  
City Lepold

Registration District No. 67  
Primary Registration District No. 5702C

File No. \_\_\_\_\_  
Registered No. 22  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence Johanna Van de Ven St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 47 yrs. 3 mos. da. \_\_\_\_\_ How long in U.S., if of foreign birth? yrs. mos. da. \_\_\_\_\_

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) W

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry J. Van De Ven

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 23-1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
74 10 2

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work retired housewife  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Lichtenwoorde  
(STATE OR COUNTRY) Velderland, Holland

10. NAME OF FATHER H. Garstnerwelt

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Lichtenwoorde  
(STATE OR COUNTRY) Holland

12. MAIDEN NAME OF MOTHER Berdina Pentman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Greenloot  
(STATE OR COUNTRY) Velderland Holland

14. INFORMANT Jacob G. Van de Ven  
(Address)

15. FILED 11/26 1928 W. A. Sanders REGISTRAR

1 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 25 1928

17. I HEREBY CERTIFY That I attended deceased from Nov 24 1928, to Nov 25 1928  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_, and that death occurred, on the date stated above, at 4:30 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:  
Paralysis of bowels

12:50  
11920

CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: \_\_\_\_\_

8 Did an operation precede death? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_

(Signed) W. A. Sanders, M. D.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Lepold Mo DATE OF BURIAL 11/27 1928

20. UNDERTAKER Louis Anger ADDRESS Lepold Mo

