

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

Do not use this space.

1842

1. PLACE OF DEATH

County Jackson
Township Nash
City St. Joseph

Registration District No. 399

Primary Registration District No. 1002

File No. _____
Registered No. 435
St. _____ Ward _____

2. FULL NAME

Mrs. Craig Perry Mrs. Vann

(a) Residence. No. 3216 East 11th St., 12 Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. COLOR OR RACE

wh

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

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

William Joe McVann

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

Apr. 6, 1874

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

54

9

21

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 COUNTRY)

Grand Island Texas

10. NAME OF FATHER

Wm. Bratcher

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ky.

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

PARENTS

14. INFORMANT

William Joe McVann
(Address) 3216 East 11th St

15. FILED

1-28-29 M.M. Crow
Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Jan. 27 1929

17.

I HEREBY CERTIFY That I attended deceased from Dec 19, 1928, to Jan 27, 1929 that I last saw her alive on Jan 27, 1929, and that death occurred, on the date stated above, at 5:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Unnatural

CONTRIBUTORY (SECONDARY)

Unknown

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? no

(Signed) John O. Skinner M. D.

1-28-29 (Address) 336 Lathrop 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

Int. Washington Jan 29 1929

20. UNDERTAKER

ADDRESS

L.H. Newcomer's Sons K.C. 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.

336 Lathrop Way -
Victo 7010.
2 - 5.30