

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

Do not use this space.

13988

1. PLACE OF DEATH
 County Richman Registration District No. 85
 Township St. Joseph, Primary Registration District No. 1001
 City St. Joseph, (No. 1316 North 25th.) St. _____ Ward _____

File No. _____
 Registered No. 560
 St. _____ Ward _____

2. FULL NAME Lewis Dewitt Van Vliet,
 (a) Residence No. 1316 North 25th, St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married,

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 12, 1850

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	79	0	14	

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or Vice pres't. particular kind of work _____
 (b) General nature of industry, business, or establishment in which employed (or employer) Union Terminal Co.
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Goneseo County,
 (STATE OR COUNTRY) New York,

10. NAME OF FATHER Chauncey Van Vliet,
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Goneseo Co.,
 (STATE OR COUNTRY) New York,
 12. MAIDEN NAME OF MOTHER Unknown,
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown,
 (STATE OR COUNTRY) Unknown,

14. INFORMANT Albert C. Van Vliet
 Address 2705 Lovers Lane.

15. FILED Apr 29 1929 REGISTRAR John G. [Signature]

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 26 1929

17. I HEREBY CERTIFY, That I attended deceased from July 10, 1929, to April 26, 1929, that I last saw him alive on April 24, 1929, and that death occurred, on the date stated above, at 2:00 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Embolic Pulmonary
H.P.
H.P.
 (duration) _____ yrs. mos. ds. 2 long

CONTRIBUTORY (SECONDARY) Stomach Carcinoma
 (duration) _____ yrs. mos. ds. 10 mos. 15 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) H. A. Frygrave, M. D.
Apr 27, 19 29 (Address) Fourth Bldg, St Joseph 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 St. Jo. Mem. Park Cemotery DATE OF BURIAL Apr. 29 19 29

20. UNDERTAKER Western-Bell & Bowman ADDRESS 319 S. 10 st.

by J. H. Karle Funeral Home

S. W. & J. P.