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

Do not use this space.

Patient 18551

File No. .....

Registered No. 78

JUN 26 1929

1. PLACE OF DEATH

County: Jasper — Registration District No. 417

Township: ..... — Primary Registration District No. 3021

City: Webb City (No. ..... St. ..... Ward)

2. FULL NAME James Van Pelt

(a) Residence. No. 418 N. Lafayette St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~ Edna Van Pelt

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 18, 1881

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	47	10	4	

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

9. BIRTHPLACE (CITY OR TOWN) Lamar
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER George Van Pelt
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ohio
12. MAIDEN NAME OF MOTHER Ella Sourness
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Kansas

14. INFORMANT Mrs. Ella Vanpelt
(Address) Webb City Mo

15. FILED 5/23, 1929 R. M. Stormont
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 22 1929

17. I HEREBY CERTIFY, That I attended deceased from May 19, 1929 to May 22, 1929 that I last saw him alive on May 22, 1929 and that death occurred, on the date stated above, at 5:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Phthisis Pulm.
2371

..... (duration) 1 yr. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED .....
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS .....

(Signed) R. Enlow M. D.
5/23, 1929 (Address) Webb City 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	DATE OF BURIAL
Mount Hope Cem.	5/24 1929
20. UNDERTAKER	**ADDRESS**
Webb City Undt Co	Webb City

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.

WRITE PLAINLY, WITH INKING INK—THIS IS A PERMANENT RECORD

1 2 2 2 2 4 6

JAN 9 1947