JUL 24 1929

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

Do not use this space.

24354

1. PLACE OF DEATH

County Greene — Registration District No. 318 — File No.

Township N Campbell — Primary Registration District No. 2001 — Registered No. 535

City Springfield MO (No. 1203 N Johnson Av St. Ward)

2. FULL NAME Wanda Lee Vanhoosen

(a) Residence. No. 1203 N Johnson 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: F

4. COLOR OR RACE: W.

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

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

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

7. AGE: YEARS ✓ MONTHS ✓ DAYS ✓ If LESS than 1 day, 8 hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Infant.
(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): MO.

PARENTS

10. NAME OF FATHER: Lorance Wakefield

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): MO

12. MAIDEN NAME OF MOTHER: Velma Vanhoosen

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): MO.

14. INFORMANT: Mrs Vanhoosen
(Address) 1203 N Johnson Av.

15. FILED 7-17, 1929 Jim Sharp REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from 7-16, 1929, to July 16, 1929 that I last saw h..... alive on ..... 1929 and that death occurred, on the date stated above, at 11:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Premature birth

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(duration) yrs. mos. 8 hrs. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. 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?

7/19 (Signed) S. F. Freeman, M. D.

, 1929 (Address) Springfield 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: East Lawn Cemetery — DATE OF BURIAL: 7/17 1929

20. UNDERTAKER: W. L. Stone — ADDRESS: Walnut Mark W

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.

THIS IS A PERMANENT RECORD

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