56
25 1929

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

Do not use this space.

34300

1. PLACE OF DEATH
County Lewis — Registration District No. 480 — File No.
Township Union — Primary Registration District No. 5645 — Registered No. 21
City Maywood (No. ..... St. ..... Ward)

2. FULL NAME Daniel B. Vanarsdall
(a) Residence. No. ..... 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: 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: Anna Vanarsdall

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mar 2 ~~[illegible]~~

7. AGE: Years 76. Months 7 Days 25 — If LESS than 1 day, ... hrs. or ..... min. (1853)

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired from Business
(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): Marion Co. Mo

PARENTS
10. NAME OF FATHER: James Vanarsdall
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Kentucky
12. MAIDEN NAME OF MOTHER: Susan Bohon
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Mo

14. INFORMANT (Address): Annie Vanarsdall

15. FILED 10/29, 1929 — H S Elley, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct 27 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct 15th, 1929, to Oct 27th, 1929 that I last saw him alive on Oct 26th, 1929, and that death occurred, on the date stated above, at 4.30 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
General Sepsis
13 ..... (duration) ..... yrs. ..... mos. 30 ds.

CONTRIBUTORY (SECONDARY): Prostatitis
..... (duration) 2 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? yes DATE OF Oct 21-29
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Signs
(Signed) Dr. L. E. Carr D.O. ~~M.D.~~
, 19 (Address) La Grange 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: Maywood Mo — DATE OF BURIAL: Oct 29 1929

20. UNDERTAKER: J H Chambers — ADDRESS: Maywood 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.