

APR 28 1930

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

Do not use this space.

4761

1. PLACE OF DEATH

County *Henry*
Township *Springfield*
City (No. _____) St. _____ Ward _____

Registration District No. *349*
Primary Registration District No. *3-500*

File No. _____
Registered No. *11*

2. FULL NAME

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

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) *Married*

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Mart Vanhoser*

7. DATE OF BIRTH (MONTH, DAY AND YEAR) *Sept. 3 - 1875*

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, hrs. or min.
54 5 13

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work *at home*
(b) General nature of industry, business, or establishment in which employed (or employer) *Housewife*
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Benton Co. Mo.*

10. NAME OF FATHER *Dan McMillan*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) *Indiana*

12. MAIDEN NAME OF MOTHER *Nancy Lindell*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) *Benton Co. Missouri*

14. INFORMANT *Mart Vanhoser*
(Address) *Roseland Mo.*

15. FILED *Mar 19 1930* *Mrs. A. H. Gray* REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *2-16* 19 *30*

17. I HEREBY CERTIFY, That I attended deceased from *Sept 24* 19 *29* until *Feb 16* 19 *30* that I last saw *her* alive on *Dec 16* 19 *28* and that death occurred, on the date stated above, at *11:30* a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arteriosclerosis, embolism
10%
95%

CONTRIBUTORY (SECONDARY) *Cobal Pneumonia* (duration) _____ yrs. _____ mos. _____ ds.
100% (duration) _____ yrs. _____ mos. *1 1/2* ds.

18. WHERE WAS DISEASE CONTRACTED *100%*
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? *no* DATE OF _____

WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS *examined*
(Signed) *T. J. Jernigan* M. D.
Feb 17, 1930 (Address) *Chandler*

*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 *McIntyre Chapel* DATE OF BURIAL *2-17 1930*

20. UNDERTAKER *Edwell - Benton Windsor* ADDRESS _____

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 UNFADING INK---THIS IS A PERMANENT RECORD

2-1-235

