

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

MAY 27 1930

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

Do not use this space.

13522

1. PLACE OF DEATH

County Lewis

Registration District No. 657

Township

Primary Registration District No. 4390

City Hayti

(No. _____)

St. _____

Ward _____

2. FULL NAME

(a) Residence. No. _____

St. _____

Ward. _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 14 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

Ruth Vanwoy

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

Jan 10 1860

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

70

3

12

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Farmer

(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)

Iowa

10. NAME OF FATHER

A. C. Vanwoy

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Iowa

12. MAIDEN NAME OF MOTHER

Mary Walker

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Iowa

14. INFORMANT

(Address)

M. A. Vanwoy
Hayti, Mo

15. FILED

4-22-30

J. Johnson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

4/27 1930

17.

I HEREBY CERTIFY, That I attended deceased from 2-3

1930, to 4-22, 1930.

that I last saw him alive on 4-22, 1930 and that death occurred, on the date stated above, at 7 A, m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

acute Bright's Disease
(Paraneuritic)
sepsis

(duration) _____ yrs. _____ mos. 26 ds.

CONTRIBUTORY (SECONDARY)

130

(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

112

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. M. Hodges, M. D.

4/23, 1930 (Address) Hayti, 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

Woodlawn Cemetery 4/27 1930

20. UNDERTAKER

ADDRESS

Hugh L. Harrison Hayti, Mo

