

MARGIN RESERVED FOR BINDING

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.

JUN 24 1930

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

Do not use this space.

15252

1. PLACE OF DEATH
 County Berry Registration District No. 29
 Township Flat Creek Primary Registration District No. 4071
 City Cassville Mo. (No. _____) St. _____ Ward _____

2. FULL NAME Clement L. Vandorn
 (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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1-19-1872

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
68 3 19 19

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) Ohio

10. NAME OF FATHER Nelson Vandorn

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Doot Kansas

12. MAIDEN NAME OF MOTHER Mary Rush

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Doot Kansas

14. INFORMANT Rlice Vandorn
 (Address) _____

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 8 1930

17. I HEREBY CERTIFY, That I attended deceased from _____ 1930 to _____ 19____, and that I last saw him alive on May 2, 1930, and that death occurred, on the date stated above, at 8:45 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis

23A (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) 31 (duration) _____ yrs. _____ mos. _____ ds.

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

8 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS
 (Signed) Wm. H. Salzer M. D.
 , 19 (Address) Cassville 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 Maple Park (Exter) DATE OF BURIAL 5-10 1930

20. UNDERTAKER Home Furniture & Funeral Service ADDRESS Cassville Mo.

FILED June 1 1930 Mrs. H. R. Williams REGISTRAR
Ppt

