

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.

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

Do not use this space.

1. PLACE OF DEATHCounty PettisRegistration District No. 665Township SedaliaPrimary Registration District No. 3637City Sedalia(No. 1717)So. BarrettFile No. 169720Registered No. 137

St.

Ward)

2. FULL NAME(a) Residence. No. 1717 So. Barrett St.

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 6 mos. 17 ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. COLOR OR RACE

Wh.

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

Single

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

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

Nov. 2 - 1928

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, hrs.

or min.

1617

8. OCCUPATION OF DECEASED

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

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Sedalia

(STATE OR COUNTRY)

mo.

10. NAME OF FATHER

Clyde Van Dorn

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

neb.

12. MAIDEN NAME OF MOTHER

Blanche M. Clair

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ind.

14.

INFORMANT

(Address)

Clyde Van DornSedalia mo

15.

FILED

5-19-30J. L. Love

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

May 19 1930

17.

I HEREBY CERTIFY, That I attended deceased from

....., 1930, to May 19, 1930that I last saw him alive on May 17, 1930 and thatdeath occurred, on the date stated above, at 7 a m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Special cerebral meningitis

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

(Signed)

Laboratory & Clinical
Bohlman M. D.(Address) Sedalia 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

Smithton mo5/19 1930

20. UNDERTAKER

ADDRESS

GillespieSedalia

