

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

Do not use this space.

18867

1. PLACE OF DEATH

County Carroll Registration District No. 135
Township _____ Primary Registration District No. 3010
City Carrollton (No. _____) _____ St. _____ Ward _____

File No. _____
Registered No. 50
St. _____ Ward _____

2. FULL NAME

Joyce LaVerna Vassar
(a) Residence. No. Wakenda 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. 3 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>single</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 4-3-1928

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>3</u>	<u>2</u>	<u>2</u>	<u>9</u>	

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) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Wakenda
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Archie W. Vassar

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

12. MAIDEN NAME OF MOTHER Hilda Antener

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

14. INFORMANT Archie W. Vassar
(Address) Wakenda, Mo.

15. FILED 6-14 1930 Mr. E. E. Farnham
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-12 1930

17. 5-28 I HEREBY CERTIFY, That I attended deceased from 6-12 to 6-12 1930, that I last saw her alive on 6-12-30 and that death occurred, on the date stated above, at 8:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
DA Broncho-Pneumonia
1079

(duration) _____ yrs. mos. 15 ds.

CONTRIBUTORY Erysipelas
(SECONDARY) (duration) _____ yrs. mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED _____

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____

6/14 (Signed) W. E. Atwood, M. D.

130 (Address) Carrollton, 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 _____

Oak Hill Cemetery 6-14 1930

20. UNDERTAKER _____ ADDRESS _____

Willie Funeral Home Carrollton

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.

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