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.

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

Do not use this space.

23724

1. PLACE OF DEATH

County Nodaway — Registration District No. 628 — File No.

Township Green — Primary Registration District No. 5830 — Registered No. 126

City Burlington Jct (No. ..... St. ..... Ward)

2. FULL NAME Simon Vanpelt

(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: M

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): ~~Married~~ Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): April 14, 1859

7. AGE: YEARS 71 — MONTHS 2 — DAYS ~~19~~ 18 — If LESS than 1 day, ... hrs. or ..... min.

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): Fulton County
(STATE OR COUNTRY): Illinois

PARENTS

10. NAME OF FATHER: Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN): .....
(STATE OR COUNTRY): Unknown

12. MAIDEN NAME OF MOTHER: Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): .....
(STATE OR COUNTRY): Unknown

14. INFORMANT: Arthur Vanpelt
(Address): Burlington Jct. MO

15. FILED July 5 1930 — J. E. Jones, REGISTRAR

Aug 10-30 C. P. Fryer M.E.

4 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 2 1930

17. I HEREBY CERTIFY, That I attended deceased from June 27, 1930 to July 1, 1930, that I last saw him alive on July 1, 1930, and that death occurred, on the date stated above, at 5 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Influenza Bronchial Pneumonia, acute interites of bowels

(duration) ..... yrs. ..... mos. 12 ds.

CONTRIBUTORY (SECONDARY): failing compensation of heart (duration) ..... yrs. ..... mos. 6 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? .....

(Signed) J. C. Manning, M. D.

July 5 1930 (Address) Skidmore 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: Quitman, MO — DATE OF BURIAL: 7/5/30 19

20. UNDERTAKER: [signature] Burlington Jct. — ADDRESS: MO