

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

Do not use this space.

30078

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 2002
City Kansas City, Mo (No. 3808 Central Street) St. _____ Ward _____

File No. _____
Registered No. 30078

2. FULL NAME Dunlap W. Vanice, Sr.

(a) Residence. No. 3808 Central St. 5 Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 50 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 xxxxxxx Mrs. Ray N. Vanice		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) July, 18, 1876		
7. AGE	YEARS 54	MONTHS 2
	DAY 1	IF LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. Brick Contractor (b) General nature of industry, business, or establishment in which employed (or employer). _____ (c) Name of employer _____		

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

10. NAME OF FATHER George B. Vanice

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Arrow Rock, Mo
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mary Katherine Keer

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

14. INFORMANT Dunlap W. Vanice, Jr
(Address) 600 East 61st St. Terr.

15. FILED 9/22/30 M. M. Crowe
19 30 REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Sept. 19, 30** 19

17. **HEREBY CERTIFY**, That I attended deceased from April 3 1930 to Sept 19 1930 that I last saw him alive on Sept 19 1930 and that death occurred, on the date stated above, at 9-30 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

92A
97
102 **aortic incompetency**
(duration) yrs. 5 mos. _____ ds.
CONTRIBUTORY (SECONDARY) **arterial hypertension and atherosclerosis**
(duration) yrs. 5 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? Clinical
(Signed) D. W. Martin M. D.
9/20. 19 30 (Address) 6700 Wash Ph Blvd

*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 Mt. Washington Cemetery DATE OF BURIAL 9/22/30

20. UNDERTAKER Freeman Mortuary, K.C. Mo. ADDRESS _____

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.

