

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

Do not use this space.

38483

**1. PLACE OF DEATH**

County L. Barton  
Township Lamar  
City (No. ....) .....

Registration District No. 40  
Primary Registration District No. 5058

File No. ....  
Registered No. 56  
St. .... Ward)

**2. FULL NAME**

Mitchel Vandorn

(a) Residence. No. .... St. .... Ward. ....

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March-29-1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
70 8 21

**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) .....

9. BIRTHPLACE (CITY OR TOWN) Covington  
(STATE OR COUNTRY) Indiana

10. NAME OF FATHER Jilia Vandorn

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

12. MAIDEN NAME OF MOTHER Elizabeth Phebus

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

14. INFORMANT Harry Vandorn  
(Address) Lamar Mo.

15. FILED 1-8 19 31 A. J. Myratt  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 20 19 30

17. I HEREBY CERTIFY, That I attended deceased from Feb - 15 - 1930 to Dec - 20 - 1930 that I last saw him alive on Dec - 19 - 1930 and that death occurred, on the date stated above, at 11:40 A.M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Cerebral Hemorrhage  
13!  
878 (duration) yrs. mos. ds.

CONTRIBUTORY Chronic Interstitial Nephritis  
(SECONDARY) (duration) 2 yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH 1290

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) W. H. Applewell M. D.

(Address) Lamar 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

Oakton Cemetery Dec 22 19 30

20. UNDERTAKER ADDRESS

G. F. Kenantz Lamar

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.

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