

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

9633

File No. _____
Registered No. 21
St. _____ Ward _____

1. PLACE OF DEATH
4/3 County Rockway Registration District No. 359
1 Township _____ Primary Registration District No. 4212
1 City Wentzleau (No. _____) St. _____ Ward _____

2. FULL NAME Eva M. Vanderford.
(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 Female
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 31 1875
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 1 25 5 3
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House wife
(b) General nature of industry, business, or establishment in which employed (or employer) 235
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Wentzleau
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER Clasac. Wiggins
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Clinda
(STATE OR COUNTRY) _____
12. MAIDEN NAME OF MOTHER Mary Whitaker
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Osawa
(STATE OR COUNTRY) _____

14. INFORMANT P. V. Vanderford.
(Address) Wentzleau Mo.

15. FILED 4-11-1931 C. R. Hardy
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15. DATE OF DEATH (MONTH, DAY AND YEAR) Mar-26-1931
17. I HEREBY CERTIFY, That I attended deceased from Mar-24- 1931, to Mar-26- 1931, that I last saw her alive on Mar-26- 1931, and that death occurred, on the date stated above, at 6 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
108
108 (duration) yrs. mos. 6 ds.
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? Physical Exam.
(Signed) A. S. Johnston M. D.
4-11-1931 (Address) Wentzleau Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Roberts or Country DATE OF BURIAL March 28 1931

20. UNDERTAKER J. S. Tucker ADDRESS Wentzleau Mo.

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.

MAY 20 1931 MAY 23 1931

WRITE CLEARLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

