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

Do not use this space.

24486

1. PLACE OF DEATH
County Cass — Registration District No. 156 — File No.
Township Grand River — Primary Registration District No. 5219 — Registered No. 47
City (No. , St. Ward)

2. FULL NAME John Erwin Vrooman
(a) Residence, No. 5636 Charlotte St., Ward. Kansas City, Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred # yrs. # mos. 1 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Milliss Means Vrooman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar. 26, 1893

7. AGE: YEARS 38 — MONTHS 3 — DAYS 16 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Sales manager
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Goodyear Rubber Co.
10. Date deceased last worked at this occupation (month and year): July 11, 1931
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kansas City Mo.

FATHER
13. NAME: Clarence Leslie Vrooman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Detroit Michigan

MOTHER
15. MAIDEN NAME: Mattie Hannah Wood
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

17. INFORMANT (ADDRESS): Hospital Record Harrisonville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Kansas City, Mo DATE July 14, 1931

19. UNDERTAKER (ADDRESS): D. W. Newcomers Sons' Co. Kansas City, Mo.

20. FILED 7/14, 1931 D S Long Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 13, 1931

22. I HEREBY CERTIFY, That I attended deceased from 7-12, 1931, to 7-13-, 1931
I last saw him alive on 7-13-, 1931. Death is said to have occurred on the date stated above, at 1 a m.
The principal cause of death and related causes of importance were as follows:
Burns to 3/4 of body accidental - airplane crash up
714 B

Date of onset

Other contributory causes of importance:
8 2 14 B

Name of operation — Date of
What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident — Date of injury 7-12, 1931
Where did injury occur? In Country (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public place
Manner of injury airplane crackup
Nature of injury body burns

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) David S Long M. D.
(Address) Harrisonville Mo

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.

AUG 25 1931