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.

File No. 25928
Registered No. 36

1. PLACE OF DEATH
County: Polk
Township: Benton
City: Bolivar (No. ..., ... St. ... Ward)
Registration District No. 701
Primary Registration District No. 4422

2. FULL NAME: Paul Vannice

(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: 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: Mrs Lula Vannice

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 9 1898

7. AGE: Years 33 | Months | Days 19 | If LESS than 1 day, ... hrs. or ... min.

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

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

FATHER
13. NAME: Vannice
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

MOTHER
15. MAIDEN NAME: Not known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Morgan county Mo

17. INFORMANT (ADDRESS): Mrs Lula M. Vannice

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Greenwood DATE: Aug 1st 1931

19. UNDERTAKER (ADDRESS): Hutchison Bros

20. FILED July 30 1931 J. E. Roberts Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 28 1931

22. I HEREBY CERTIFY That I attended deceased from Jan 16 1931 to July 28 1931
I last saw him alive on July 28 1931. Death is said to have occurred on the date stated above, at 7.25 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	Jan 1931
137	
110	
Other contributory causes of importance:	
Influenza	June 22 1931
131	

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? ... Date of injury ..., 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury: ...
Nature of injury: ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify: ...
(Signed) D E Hammonds, M. D.
(Address) Bolivar Mo