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

Do not use this space.

34091

1. PLACE OF DEATH
County: Dunklin
Township:
City: Malden (No. St. Ward)

Registration District No. 289
Primary Registration District No. 4173

File No.
Registered No. 17

2. FULL NAME: James Howard Van Treese

(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.

NOV 24 1931

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should write CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Infant

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 9-1929

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
1	10	29	

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

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

FATHER
13. NAME: J. H. Van Treese
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Galatia Ill.

MOTHER
15. MAIDEN NAME: Mamie O. Bounds
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wayne Co, Mo.

17. INFORMANT (ADDRESS): J. H. Van Treese

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Malden DATE: Oct. 9, 1931

19. UNDERTAKER (ADDRESS): W. L. Craig

20. FILED: 10/9, 1931 S. E. Mitchell, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 8, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 1st, 1931, to Oct 8, 1931.
I last saw him alive on Oct 8th, 1931. Death is said to have occurred on the date stated above, at 11:10 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bacillary Dysentery	10/1/31
130	
Other contributory causes of importance: Auto intoxication	10/1/31

Name of operation: None Date of: —
What test confirmed diagnosis? Clinical Was there an autopsy? No

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? No
If so, specify

(Signed) S. E. Mitchell, M. D.
(Address) Malden Mo