

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.

DEC 21 1931

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

36798

## 1. PLACE OF DEATH

County AndrewRegistration District No. 912Township CrainesPrimary Registration District No. 623217City Liberty (No. 1)St. Mo. Ward 1

## 2. FULL NAME

Lucas Vangel(a) Residence, No. 1 St. Mo. Ward 1

(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 <u>7</u>	4. COLOR OR RACE <u>CU</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lucas J. Vangel</u>
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6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 18-1897

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. min.
<u>34</u>	<u>3</u>	<u>4</u>	<u>4</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeping</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
	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) Mo13. NAME Melvin Cof14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo15. MAIDEN NAME M. Martin16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo17. INFORMANT W J Angel (ADDRESS) Liberty Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Middleton DATE Nov 25, 193119. UNDERTAKER W. H. Waters (ADDRESS) Liberty Mo20. FILED Nov 23, 1931 Mollie Fugma Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 22, 193122. I HEREBY CERTIFY, That I attended deceased from Aug, 1931, to Nov 21, 1931I last saw him alive on Nov 20, 1931 Death is saidto have occurred on the date stated above, at 117 W. m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis

Date of onset

Other contributory causes of importance:

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

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) W. H. Waters, M. D.(Address) Liberty Mo

