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

Do not use this space.

4

1. PLACE OF DEATH
County Dunklin — Registration District No. 289 — File No. 664
Township — Primary Registration District No. 4173 — Registered No. 81
City Malden (No. ..... St. ..... Ward)

2. FULL NAME Vester Page

(a) Residence. No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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.

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.

FEB 23 1932

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE~~ OF Helen Page

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 15 - 1885

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	46	2	25	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Merchant 171
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Graves County
(STATE OR COUNTRY) Kentucky

PARENTS
10. NAME OF FATHER Sam Page
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Graves Co. Ky.
12. MAIDEN NAME OF MOTHER Sarah E. Page
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Grave Co. Ky.

14. INFORMANT Mrs. Vester & Mrs. Sarah Page
(Address) Malden, Mo.

15. FILED 1/11, 1932 Homer Deall - (MD) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 10 1932

17. I HEREBY CERTIFY, That I attended deceased from June 2 21, 1930, to January 10th, 1932 that I last saw him alive on January 10, 1932 and that death occurred, on the date stated above, at 1 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Endarteritis of Cerebral Vessels
82 B
99 B
about (duration) 4 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Thrombosis of cerebral arteries (duration) yrs. mos. 20 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? Clinical Symptoms
(Signed) S. E. Mitchell, M. D.
1-11, 1932 (Address) Malden Mo

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Malden, Mo	1-11 1932
20. UNDERTAKER	ADDRESS
M. L. Craig	Malden, Mo.