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.

JAN 9 1933

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

Do not use this space.

32033

1. PLACE OF DEATH

40 County Grundy — Registration District No. 329 — File No.

Township Myers — Primary Registration District No. 5456 — Registered No. 16

City (No. , St. Ward)

2. FULL NAME WILLIAM WASHINGTON VANDEVENER

(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.

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 Juda Ann Vandevener

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 8 - 1860

7. AGE: YEARS 72 — MONTHS 5 — DAYS 17 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Grundy County Mo 1

FATHER

13. NAME Nimrod Vandevener
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana 2

MOTHER

15. MAIDEN NAME Susan Evans
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Isaac Vandevener Spickard Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE North Evans Grundy Co DATE 10/27 1932

19. UNDERTAKER (ADDRESS) Chas C Schooler Spickard Mo

20. FILED Dec 7, 1932 E W Ewing Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 25 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug, 1932, to Oct 24, 1932

I last saw him alive on Oct 24, 1932. Death is said to have occurred on the date stated above, at 9 p. m.

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

Chronic Nephritis — Date of onset

131

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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, 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

1

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C L McClanahan, M. D.

(Address) Spickard Mo