

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.

34728

1. PLACE OF DEATH

County Galien
Township Charlotte
City (No. _____) _____ St. _____ Ward _____

Registration District No. 186
Primary Registration District No. 3878

File No. _____

Registered No. 72. FULL NAME James Clark Vermillion

(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 2 - 1847

7. AGE YEARS 85 MONTHS 0 DAYS 25 If LESS than 1 day, _____ hrs. or _____ min.

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) Don't know 3113. NAME Allen Vermillion14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) La. 215. MAIDEN NAME Jane Jones16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know 3117. INFORMANT Dr. Vermillion (ADDRESS) Butler Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Vergennes DATE Nov 28 193219. UNDERTAKER Quivers (ADDRESS) Butler Mo.20. FILED Nov. 28, 1932 C. A. Lusk Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 1 P. m.

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

Probably Cerebral Embolism Date of onset _____Flasby. brain after death823823

Other contributory causes of importance _____

Name of operation _____ Date of _____

What test confirmed diagnosis? ① 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) A. J. Lusk, M. D.(Address) Butler Mo.

