

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

Do not use this space.

36934

1. PLACE OF DEATH

96 County St. Louis Registration District No. 785
Township Bonhomme Primary Registration District No. 6031
City Valley Park (No. _____) St. _____ Ward _____

File No. _____
Registered No. 210

2. FULL NAME

W. Dorothy Vandover
(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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 10/31/1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
14

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Valley Park Mo
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER James Vandover
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Valley Park
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Ruth Longenecker
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Illinois
(STATE OR COUNTRY)

14. INFORMANT James Vandover
(Address) Valley Park Mo

15. FILE 11/14, 1932 St. Bernard
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11/14 1932

17. I HEREBY CERTIFY, That I attended deceased from Nov 13, 1932, to Nov 13, 1932, that I last saw her alive on Nov-13, 1932, and that death occurred, on the date stated above, at 3 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

under developed child
a twin weighing under
5 lbs at birth and very
weak (duration) yrs. mos. 13 ds.

CONTRIBUTORY (SECONDARY) 158 158 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED (1)

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) F. O. Knott, M. D.

11-14, 1932 (Address) Valley Park 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 Vandover Cemetery Valley Park Mo DATE OF BURIAL 11/14 1932

20. UNDERTAKER John G. Koch ADDRESS Clinton Mo

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

JAN 5 1933

