

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

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.

41249

**1. PLACE OF DEATH**

County Ray  
Township Richmond  
City Richmond (No. ...., Ward)

Registration District No. 744  
Primary Registration District No. 3035

File No. ....  
Registered No. 90 St. .... Ward)

**2. FULL NAME** Robert Leston Vanbeber

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

**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** Nov. 13, 1932  
**7. AGE** YEARS 0 MONTHS 1 DAYS 14 If LESS than 1 day, .... hrs. or .... min.

**OCCUPATION**  
**8.** Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
**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)** Ray Co Missouri

**FATHER**  
**13. NAME-** William Vanbeber

**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Missouri.

**MOTHER**  
**15. MAIDEN NAME** Lillian Waller

**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Ray Co Missouri.

**17. INFORMANT (ADDRESS)** Wm. Vanbeber Richmond Mo.

**18. BURIAL, CREMATION, OR REMOVAL PLACE** Dockery Cem. DATE 12/28/32 19..

**19. UNDERTAKER (ADDRESS)** E. E. Esay

**20. FILED** 1-9 1933 E. E. Esay Registrar.

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** 12/28/32 19..

**22. I HEREBY CERTIFY,** (That I attended deceased from Dec. 25, 1932, to Dec. 27, 1932)  
I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 11:00 A.M.  
The principal cause of death and related causes of importance were as follows:

Pneumonia  
11A  
109A  
11A  
Other contributory causes of importance:  
Influenza (B)  
Date of onset Dec. 25-

Name of operation..... Date of.....  
What test confirmed diagnosis? Clinical 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) E. G. Rouse AB. D.D.  
(Address) Richmond, Mo.

