

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

Do not use this space.

10177

1. PLACE OF DEATH

56 County Lewis Registration District No. 477 File No. _____
 1 Township Wentz Primary Registration District No. 4286 Registered No. 18
 2 City Canton, Mo. (No. _____) St. _____ Ward _____

2. FULL NAME

Joseph Vason Vason
 (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) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bessie Summers
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 28 - 1871
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 5 18

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic
 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) March 14 - 33 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lewis, Mo.

FATHER 13. NAME John W. Vason

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER 15. MAIDEN NAME Mary Ann Connor

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT Mrs. C. P. Vason - wife (ADDRESS) Canton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Grove, Canton, Mo. DATE March 18, 1933

19. UNDERTAKER F. D. Keller (ADDRESS) Canton, Mo.

20. FILED Mar. 18, 1933 H. W. Harris Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar 16, 1933 to Mar 16, 1933
 I last saw him alive on Mar. 16, 1933. Death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset _____
82A
82A
 Other contributory causes of importance:
No Contributory Causes
Known

Name of operation None Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? No.

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) H. W. Harris, M. D.
 (Address) Canton, 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.

THIS IS A PERMANENT RECORD. 22 1033

