

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

Do not use this space.

15967

1. PLACE OF DEATH  
 County Wagon Registration District No. 126  
 Township Hubble Primary Registration District No. 5174B  
 City Near Jackson (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME William H. Vages  
 (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.

K. 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.

JUN 20 1933

**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 Alvina Roloff

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 4 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
65      3      6

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Farmer  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Jackson Mo

10. NAME OF FATHER Aug Vages

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Agneta Hoffmeister

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 10 1933

17. I HEREBY CERTIFY, That I attended deceased from Sept 1 1932 to May 10 1933 that I last saw him alive on April 10 1933, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

18. THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Carcinoma Liver  
466 (duration) 1 yrs. mos. ds.  
 CONTRIBUTORY (SECONDARY) none (duration) \_\_\_\_\_ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH at home

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? summed  
 (Signed) W. H. Stephenson, M. D.  
 , 19 (Address) Jackson 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.

14. INFORMANT Mrs Wm H Vages  
 (Address) Jackson Mo R.F. #2

15. FILE NO. 1133 NW August REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Emory Cemetery Pilot DATE OF BURIAL May 12 1933

20. UNDERTAKER McLomb Funeral Co Jackson Mo

