

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

Do not use this space.

**1. PLACE OF DEATH**

23 County Clark  
Township Clay  
City (No. \_\_\_\_\_) \_\_\_\_\_

Registration District No. 189  
Primary Registration District No. 52635

File No. 22602  
Registered No. \_\_\_\_\_

**2. FULL NAME**

James Luther Vandervort

(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 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 Emma Vandervort

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 9, 1871

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
61 7 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bootkeeper, 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) Salem, Illinois

13. NAME James Vandervort

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

15. MAIDEN NAME Harriet Lewis

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

17. INFORMANT (ADDRESS) Mrs. Anna P. Flood, Alexandria, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Trage Cemetery DATE July 23, 1933

19. UNDERTAKER (ADDRESS) H. P. Hatcher, Wayland, Mo.

20. FILED Aug 10, 1933 D. F. S. Rebo Registrar.

**2 MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY That I attended deceased from May 26, 1933 to July 20, 1933

I last saw him alive on July 20, 1933 Death is said to have occurred on the date stated above, at 12:00 m.

The principal cause of death and related causes of importance were as follows:  
Myocardial infarction Date of onset May 26/33

Analysis of myocardium  
showed evidence of coronary atherosclerosis  
and death 7/24/33

Other contributory causes of importance:  
Coronary Atherosclerosis  
and death

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Examination 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? No  
If so, specify \_\_\_\_\_  
(Signed) H. P. Hatcher, M. D.  
(Address) Wayland, 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.

2022

