

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

Do not use this space.

23724

1. PLACE OF DEATH

61 County Boonville
Township Liberty
City (No. _____) _____

Registration District No. 033
Primary Registration District No. 5715-

File No. _____
Registered No. 63 St. _____ Ward _____

2. FULL NAME

Sarah Vanel

(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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Oran Vanel
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 15 - 1863
7. AGE YEARS 70 MONTHS 6 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. Housewife
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) _____

MOTHER FATHER 13. NAME Elza Ghastini

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

15. MAIDEN NAME Pollet Giffen

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

17. INFORMANT J. Vanel (ADDRESS) Balladonia Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Chariton DATE 7/31 1905

19. UNDERTAKER (ADDRESS) Alma Skirvin

20. FILED 7/31 1933 Mrs. L. K. L. L. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/29, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 13 to Nov 13, 1932
I last saw her alive on Nov 13, 1933. Death is said to have occurred on the date stated above, at 8 a. m.
The principal cause of death and related causes of importance were as follows:

Chron. Myocarditis

Other contributory causes of importance: 930

Name of operation _____ Date of _____
What test confirmed diagnosis? Post-mortem 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) W. Vanel, M. D.

(Address) Balladonia Ave

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 LEGIBLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

AUG - 8 1933

15 23 22

