

ORIGIN RESERVED FOR BINDING

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.

SEP 26 1933

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

Do not use this space.
25768

1. PLACE OF DEATH
 12. County Butler Registration District No. 89
 Township _____ Primary Registration District No. 3007
 2 City Poplar Bluff (No. _____ St. _____ Ward _____)
 2 FULL NAME WILLIAM D. VAN
 (a) Residence, No. 412 S. 8. 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF MATTIE VAN

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 22, 1869

7. AGE YEARS 63 MONTHS 11 DAYS 4 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 _____

MOTHER FATHER
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) BLOOMFIELD Mo
 13. NAME not known
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known
 15. MAIDEN NAME not known
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

17. INFORMANT MARTIN RANDLE'S
 (ADDRESS) 219 1/2 Broadway

18. BURIAL, CREMATION, OR REMOVAL
 PLACE City DATE 8 27 1933

19. UNDERTAKER Frankland Co
 (ADDRESS) Poplar Bluff Mo.

20. FILED Sept 5 1933 B. J. O'Leary Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-26 1933

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.
 I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 11 A. m.
 The principal cause of death and related causes of importance were as follows:
Carbolic Acid Poisoning (Suicide)
 Other contributory causes of importance: 1635 163
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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) B. J. O'Leary, Jr. Depl. Comm. H. S.
 (Address) Poplar Bluff

