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.

28610

1. PLACE OF DEATH
108 County Vernon — Registration District No. 875 — File No. King
2 Township — Primary Registration District No. 3039 — Registered No. 189
7 City Nevada (No. ..... St. ..... Ward)

2. FULL NAME Enoch Vanaman
(a) Residence, No. Broken Arrow Okla St. ..... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE N
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alice Vanaman
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug-17, 1846
7. AGE Years 87 Months 0 Days 10 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Former
10. Date deceased last worked at this occupation (month and year) Jan 25-32
11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know New Jersey
FATHER
13. NAME Dont Know
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York
MOTHER
15. MAIDEN NAME Dont Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know New York
17. INFORMANT (ADDRESS) Ernest Foster Nevada Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Broken Arrow Okla DATE 8-23 1933
19. UNDERTAKER (ADDRESS) Ferry Funeral Home Nevada Mo
20. FILED 9-4 1933 E. R. King Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 27, 1933
22. I HEREBY CERTIFY, That I attended deceased from Aug 25, 1933, to Aug 27, 1933
I last saw him alive on Aug 27, 1933 Death is said to have occurred on the date stated above, at 10 55 P m.
The principal cause of death and related causes of importance were as follows:
Chr interstitial nephritis — Date of onset ?
131
132B
Other contributory causes of importance: Acute uremia

Name of operation ..... 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? No
If so, specify .....
(Signed) E R King, M. D.
(Address) Nevada Mo.