

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

Do not use this space.

28693

1. PLACE OF DEATH
 County Audrain Registration District No. 912
 Township Vandalia Primary Registration District No. 4550
 City Vandalia (No. _____) St. _____ Ward _____

2. FULL NAME
 (a) Residence, Vandalia Mo 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 Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1/25/1906

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
27 7 21

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. Labor
 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) Audrain

13. NAME Jim Smith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike County

15. MAIDEN NAME Lue Jackson

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

17. INFORMANT Miss Helen Dwyer
 (ADDRESS) Vandalia Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Vandalia Mo DATE 9/24/33 19.

19. UNDERTAKER (ADDRESS) W. H. Bland

20. FILED 9/24/33 Walter Fugate Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/22 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 10 1933 to Sept 22 1933

I last saw him alive on Sept 21 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:

Valvular heart disease
92A
92A
 Other contributory causes of importance _____

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) W. H. Bland M. D.
 (Address) Vandalia 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.

WRITE FULLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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