

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

Do not use this space.

**30260**

**1. PLACE OF DEATH**

64 County Marion Registration District No. 577  
1 Township Massie Primary Registration District No. 3829  
8 City Hannibal (No. 2610, Rackliffe) St.                      Ward                     

File No.                       
Registered No. 287  
St.                      Ward                     

**2. FULL NAME**

George Vandament  
(a) Residence, No. 2610 Rackliffe 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 Lois Vandament  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 14, 1861  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 72 | 8 | 12  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Switchman (Retired)  
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) Hannibal Missouri

13. NAME John Vandament

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no data

15. MAIDEN NAME no data

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no data

17. INFORMANT Mrs. Geo. Vandament (Wife)  
(ADDRESS) 2610 Rackliffe, Hannibal, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Revereide DATE Sept. 28, 1933

19. UNDERTAKER Wm. M. Smith  
(ADDRESS) 902 Bduy, Hannibal, Mo

20. FILED 9-27-1933 R. K. Scholten  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY, That I attended deceased from Sept 23, 1933, to Sept 26, 1933

I last saw him alive on Sept 26, 1933. Death is said to have occurred on the date stated above, at 11:00 a. m.

The principal cause of death and related causes of importance were as follows:

820A  
977  
arteriosclerosis  
cerebral hemorrhage  
Date of onset                     

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? no

If so, specify                     

(Signed) E. B. Salter, M. D.

(Address) Hannibal Mo

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 very important.

OGI 20 1933

