

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

Do not use this space.

33711

1. PLACE OF DEATH

64 County Marion Registration District No. 552 File No. _____
Township Warren Primary Registration District No. 5745 Registered No. 18
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

James H. Vedenhaupt
(a) Residence, No. Bever side St. 4 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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 2 1914
7. AGE YEARS MONTHS DYS IF LESS than 1 day, _____ hrs. or _____ min.
19 2 19

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. 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) Sedalia (STATE OR COUNTRY) mo

FATHER
13. NAME Henry Vedenhaupt

14. BIRTHPLACE (CITY OR TOWN) mo (STATE OR COUNTRY) _____

MOTHER
15. MAIDEN NAME Ethel White

16. BIRTHPLACE (CITY OR TOWN) mo (STATE OR COUNTRY) _____

17. INFORMANT Mrs. Ethel Vedenhaupt (ADDRESS) Hannibal mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Hope Cemetery DATE 10-24-1933

19. UNDERTAKER James D. Bonnell (ADDRESS) Hannibal mo

20. FILED 10-26-33 1933 Mrs. Ala. V. Wagner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Probably Oct. 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

shot Gun Wound in abdomen near umbilicus and shot went downwards towards pelvis
Other contributory causes of importance: Shock and loss of blood
Date of onset 173

Name of operation _____ Date of _____
What test confirmed diagnosis? aut Was there an autopsy? Yes

23. If death was due to external cause (violence), fill in also the following: Accident, suicide, or homicide? Shot Gun Date of injury: Oct. 21, 1933
Where did injury occur? Marion Co. MO. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. On Mackey's Farm Warren Township, Mo.
Manner of injury shot while hunting with #12 gauge
Nature of injury shot gun, close range, near umbilicus

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify _____

(Signed) Carl E. Stewart M.D.
(Address) Hannibal, Mo.
Corner, Marion Co. 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.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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