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.

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

Do not use this space.

85

35759

1. PLACE OF DEATH

County Buchanan — Registration District No. — File No.

Township — Primary Registration District No. 1001 — Registered No. 1138

City St. Joseph, (No. Dr. W. W. Grow Clinic, Logan Bld'g. St. Ward)

2. FULL NAME Dora Mary Vessar,

(a) Residence, No. ? St., Ward. Nodaway, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White,	Married,

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF Frank Vessar,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 28, 1892

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	41	3	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeping,

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home,

10. Date deceased last worked at this occupation (month and year) November 1933 — 11. Total time (years) spent in this occupation 21

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nodaway, Missouri,

FATHER

13. NAME Bernard Hollenbach,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Germany,

MOTHER

15. MAIDEN NAME Margaret McCush,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nodaway, Missouri,

17. INFORMANT (ADDRESS) Frank Vessar Nodaway, Missouri, (R.F.D.#1)

18. BURIAL, CREMATION, OR REMOVAL PLACE Amazonia, Cem. DATE Nov. 22nd. 1933

19. UNDERTAKER (ADDRESS) Heaton-Bassett-Bowman 319 So. 10th. St. Funeral Home

20. FILED NOV 20 1933 John R. Bender Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 6, 1930, to Nov 20, 1933

I last saw her alive on Nov 20, 1933. Death is said to have occurred on the date stated above, at 4:15 a.m.

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

	Date of onset
Acute Myocarditis	Unk
121B	
93A	

Other contributory causes of importance:

Name of operation Abendectomy Date of Nov 17

What test confirmed diagnosis? Clinical 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) Will W. Grow, M. D.

(Address) 222 Logan Bldg