

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 PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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

Do not use this space.

39165

1. PLACE OF BIRTH

County Richman

Registration District No. 85

File No. _____

Township _____

Primary Registration District No. 1001

Registered No. 1189

City St. Joseph Mo. (No. State Hospital #2)

St. _____ Ward _____

2. FULL NAME D. V. Vance

(a) Residence, No. Saravook Mo.

Ward _____

(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 M

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Year 1856

7. AGE

YEARS 77

MONTHS unknown

DAYS _____

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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

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) Mo. unknown

FATHER

13. NAME unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Mo.

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. unknown

17. INFORMANT (ADDRESS) State Hospital Records

18. BURIAL, CREMATION, OR REMOVAL

PLACE Oak

DATE 12-4-1933

19. UNDERTAKER (ADDRESS) R. C. Breit

20. FILED 12-3-33

John R. Bender Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 2 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 11 1933 to Dec 2 1933

I last saw him alive on Dec 2 1933 Death is said to have occurred on the date stated above, at 9:00 m.

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

Chronic Myocarditis Date of onset July 1933

Other contributory causes of importance: age 77

Name of operation _____ Date of _____

What test confirmed diagnosis? Chol Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No Date of injury _____, 19 _____

Where did injury occur? none (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 None

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) H. Clayton Smith M. D.

(Address) State Hospital No 2

