

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. 1934

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

Do not use this space.

1. PLACE OF DEATH

County *Andrew*

Registration District No. *912*

Township *Vandalia*

Primary Registration District No. *4550*

City *Vandalia*

File No. *7707*

Registered No. *17*

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred *24* yrs. mos. ds. How long in U. S., if of foreign birth? _____ yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>James Stinson</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Apr. 20, 1864</i>		
7. AGE <i>69</i>	YEARS <i>11</i>	MONTHS <i>0</i>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Farmer</i>		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>House wife</i>		
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Fazwell Va.</i>		
13. NAME <i>Andrew Lester</i>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Virginia</i>		
15. MAIDEN NAME <i>Elizabeth Asken</i>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>North Karol</i>		
17. INFORMANT (ADDRESS) <i>Zebo Stinson Vandalia Mo</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Vandalia Mo</i> DATE <i>3-22-34</i>		
19. UNDERTAKER (ADDRESS) <i>W. S. Bates Vandalia Mo</i>		
20. FILED <i>3/26/34</i> <i>T. M. Bates</i> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Mar. 20, 10 P.M. 34*

22. I HEREBY CERTIFY, That I attended deceased from *March 18* to *March 20*

I last saw him alive on *March 18* Death is said to have occurred on the date stated above, at *10 P.* m.

The principal cause of death and related causes of importance were as follows:
Chronic Valvular Heart disease

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 _____
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) *A. H. Bland* M. D.
(Address) *Vandalia Mo*

