

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

Do not use this space.

MAY 25 1934

Charitables

V

File No. 12212

1. PLACE OF DEATH
 County Chariton Registration District No. 174
 Township Yellow-Creek Primary Registration District No. 5241
 City Marionville (No. _____) St. _____ Ward _____

2. FULL NAME John A Venable John A Venable
 (a) Residence, No. _____ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 15-1856
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 7 7
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retiree of farm
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tr.
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 64yr
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) State mo
 13. NAME N. C Venable
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Farmville Va
 15. MAIDEN NAME Mary Reed
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Va
 17. INFORMANT Nat J Venable
 (ADDRESS) Rothsville
 18. BURIAL, CREMATION, OR REMOVAL PLACE Rothsville mo DATE Apr 24 '34
 19. UNDERTAKER Amos B Rollins
 (ADDRESS) Brookfield mo
 20. FILED Apr 24 1934 C D Snaton Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 22 1934
 22. I HEREBY CERTIFY, That I attended deceased from Jan 1934 1934 to Apr 22 1934
 I last saw him alive on Apr 18 1934 Death is said to have occurred on the date stated above, at 7 a. m.
 The principal cause of death and related causes of importance were as follows:
Epithelioma of face Date of onset 1917
meets
 Other contributory causes of importance:
Arterio-sclerosis of arterial systems
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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) C D Snaton, M. D.
 (Address) Rothsville Mo

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
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Charlton Registration District No. 174
 Township Yellow Creek Primary Registration District No. 5241
 City (No. _____) St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME

John A. Venable

(a) Residence, No. _____ 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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

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. _____

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) _____

13. NAME _____

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

15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19____

19. UNDERTAKER (ADDRESS) _____

20. FILED Apr 24 1934 C. D. Stratton Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 22, 1934

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:

Epithelioma of nose
on left side of nose;
52
 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? _____

If so, specify _____

(Signed) C. D. Stratton, M. D.

(Address) _____

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

5-12212