MAY 25 1934

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

Do not use this space.

19186

1. PLACE OF DEATH
County Shannon
Township Winona
City ..... (No. ....., ..... St. ..... Ward)

Registration District No. 823
Primary Registration District No. 6074

File No. .....
Registered No. .....

2. FULL NAME William Vanarsdall
(a) Residence, No. Winona, Mo 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 M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Husband Eva Vanarsdall

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-28-1871 Feb 28. 1871

7. AGE 1 YEARS 63 MONTHS 2 DAYS 6 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) Ill

FATHER
13. NAME David Vanarsdall
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

MOTHER
15. MAIDEN NAME N. D.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. D.

17. INFORMANT (ADDRESS) Blanche Frank West Cliff Colo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Munsel Cheapel DATE May 5 1934

19. UNDERTAKER (ADDRESS) C. A. Brown Winona Mo

20. FILED 5-5 1934 Mabel Roller Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-4- 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1934 to April 30, 1934
I last saw him 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:

| | Date of onset |
|---|---|
| Sarcoma of Lower jaw | 1930 |
| 45 | |

Other contributory causes of importance: None

45

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) W. E. Eudy, M. D.
(Address) Emmanuel Mo.

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.