MAY 25 1934

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

Do not use this space.

19243

. PLACE OF DEATH

County Texas — Registration District No. 863 6137 — File No. 21

Township Piney — Primary Registration District No. ~~6377~~ — Registered No.

City ..... (No. ..... St. ..... Ward)

FULL NAME James, Vanausdall

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

ength 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

X	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
M	W	

MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF unmarried

TE OF BIRTH (MONTH, DAY, AND YEAR) 10-10-66

E	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	68	7	1	

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

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

0. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

RTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind

3. NAME W. H. Vanausdall

. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind

. MAIDEN NAME Susan Fisher

. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wife

FORMANT (ADDRESS) Jos. Elmore

URIAL, CREMATION, OR REMOVAL
PLACE Pleasant DATE 5-12 1934

NDERTAKER (ADDRESS) Arthur Elmore

LED 5-12 1934 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-10 1934

22. I HEREBY CERTIFY, That I attended deceased from 5-10, 1934 to 10-11, 1934

I last saw him alive on 10-10-, 1934. Death is said to have occurred on the date stated above, at 1 p.m.

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

Pneumonia and Influenza
11 A
10 A

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) [illegible], M. D.

(Address) .....

V. S. NO. 2-A

MARGIN RESERVED FOR BINDING

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.

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1. PLACE OF DEATH

County..... Registration District No.:..... File No.....

Township..... Primary Registration District No..... Registered No.....

City..... (No..... , ... St. ..... W

2. FULL NAME.....

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)

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.

OCCUPATION

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)

FATHER

13. NAME

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

MOTHER

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....., 19..... .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

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	Date

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Nature of injury.....

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If so, specify.....

(Signed).....

(Address).....