

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City St. Louis (No. Missouri Dept. Hosp) St. Ward)

File No. **21941**
Registered No. **5689**

2. FULL NAME

(a) Residence, No. St. NR Ward. Sullivan, Mo.
(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 Francis A. Visten
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 26 - 1882
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
55 3 10

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.....

FATHER

MOTHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin Co. Mo.
13. NAME Henry Visten
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
15. MAIDEN NAME Harriet Visten
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT Mr. J. Visten (ADDRESS) Sullivan, Mo.
18. BURIAL, CREMATION, OR REMOVAL Sullivan, Mo. PLACE Garrettsville, Ohio DATE June 10, 1934
19. UNDERTAKER (ADDRESS) W. W. ... Inc.
20. FILED 7-1-34 19 3722 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 6, 1934
22. I HEREBY CERTIFY, That I attended deceased from April May 6, 1934, to June 6, 1934
I last saw him alive on June 6, 1934. Death is said to have occurred on the date stated above, at 1:30 p.m.
The principal cause of death and related causes of importance were as follows:

Coronary thrombosis
Date of onset May 5, 34
Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? EKG 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) Samuel B. Grant, M. D.
(Address) 3722 Washington

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

