

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

Do not use this space.

25289

1. PLACE OF DEATH

County Lawrence
Township Greene
City _____ (No. _____)

Registration District No. 469
Primary Registration District No. 6632

File No. _____
Registered No. 18
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. A. V. Vandenhill St. _____ Ward _____
(Usual place of abode) Hickles 770

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Electa Vandenhill</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>10-24-1844</u>		
7. AGE	YEARS <u>89</u>	MONTHS <u>8</u>
	DAYS <u>15</u>	IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	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)	

12. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Ohio

MOTHER FATHER 13. NAME Thomas Vandenhill

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

MOTHER FATHER 15. MAIDEN NAME unknown

MOTHER FATHER 16. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) unknown

17. INFORMANT Mrs. Mary H. Abell (ADDRESS) Millen Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Round Grove DATE 7-9-34

19. UNDERTAKER Monnig & Gorman (ADDRESS) Millen Mo.

20. FILED 8-1 1934 W. S. V. Bremer Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-8-1934

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1934, to July 8, 1934. I last saw him alive on July 7, 1934. Death is said to have occurred on the date stated above, at 6:30 A.M.

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

Bronchial Pneumonia Date of onset 7-6-34
10:10 AM
7:00 PM
Other contributory causes of importance: Age

Name of operation Chol. Symptomy 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) R. J. Palmer, M. D.
(Address) Millen Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

100M-11-24-33

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.

AUG 20 1934

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