

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.

OCT 15 1934

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

Do not use this space.

J. B. Jemmon
Dr. 32497
436

1. PLACE OF DEATH
39 County Greene Registration District No. 318
3 Township _____ Primary Registration District No. 2004
5 City Springfield Mo. 560 W. Center St. _____ Ward _____

2. FULL NAME Jannie Ellen Vane
(a) Residence, No. 560 W. Center St. _____ Ward _____
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 22-1858

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>76</u>	<u>5</u>	<u>9</u>	

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

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) Burgaw Ind.

MOTHER FATHER

13. NAME Levi Craig 9

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

15. MAIDEN NAME Elizabeth Anderson

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

17. INFORMANT Myrtle Vane
(ADDRESS) 560 W. Center

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hoselywood DATE Sept 4 1934

19. UNDERTAKER Edna J. Myrtle, Home
(ADDRESS) Springfield Missouri

20. FILED 9-3 (Date)

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 1 - 1934

22. I HEREBY CERTIFY, That I attended deceased from Jun 1, 1934 to Sept 1, 1934
I last saw her alive on 8/29, 1934. Death is said to have occurred on the date stated above, at 9:30 P.M.
The principal cause of death and related causes of importance were as follows:
Arterio sclerosis
97
Other contributory causes of importance:
MI

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

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) J. B. Jemmon, M. D.
(Address) Springfield - Mo.

