

JAN 9 1935

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

Do not use this space.

41630

1. PLACE OF DEATH

County Shannon
Township Winnona
City (No. _____) _____ St. _____ Ward _____

Registration District No. 873
Primary Registration District No. 6074

File No. _____
Registered No. _____

2. FULL NAME

Dan Vanuncie

(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. 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>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 21 - 1911</u>		
7. AGE YEARS <u>23</u>	MONTHS <u>5</u>	DAYS <u>20</u>
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.	<u>Farm</u>
	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) Mo

MOTHER FATHER 13. NAME Leo Vanuncie

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

MOTHER 15. MAIDEN NAME Lizzie Neal

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

17. INFORMANT (ADDRESS) W. J. Barnes
New Liberty Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Wm. J. Ryan Cemetery DATE Nov 10 1934

19. UNDERTAKER (ADDRESS) None

20. FILED Jan 8 1935 Robert Cole Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 9 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 28 1934 to Nov 9 1934
I last saw him alive on Nov 8 1934. Death is said to have occurred on the date stated above, at 10⁰⁸ A. M.
The principal cause of death and related causes of importance were as follows:

Typhoid

Date of onset Oct 28 1934

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) W. J. Barnes, M. D.
(Address) New Liberty, Mo

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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ben

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