

Sn.

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

Do not use this space.

MAR 19 1935

4222

1. PLACE OF DEATH

County Utah
Township
City Wicksville, Mo.

Registration District No. 4
Primary Registration District No. 3001

File No.
Registered No. 32
St. Ward

2. FULL NAME

James Grant Vannice

(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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 18th 1935

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) Wife of Sarah Francis Vannice

22. I HEREBY CERTIFY, That I attended deceased from Oct 14th 1934 to Feb 18 1935
I last saw him alive on Feb 18th 1935 Death is said to have occurred on the date stated above, at 8:30 pm
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 3 18 65

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 69 6 15

Cardiovascular Renal disease
Date of onset ?

8. Trade, profession, or particular kind of work done, as splainer, 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

Other contributory causes of importance: 131

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

13. NAME James Vannice

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

15. MAIDEN NAME Howe

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

17. INFORMANT (ADDRESS) Mary Vannice Wicksville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Refused DATE Feb 20 1935

19. UNDERTAKER (ADDRESS) Dee Biley Wicksville

20. FILED Feb 20 1935 Spencer Freeman Registrar

Name of operation none Date of lab
What test confirmed diagnosis? chem. caly 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) Geo. F. Susser, M. D.
(Address) Wicksville 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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