JUN 3 1935

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

Do not use this space.

14042

1. PLACE OF DEATH
County: Ripley
Township: washington
City: (No. , St. Ward)

Registration District No.: 75 1
Primary Registration District No.: 5995

File No.:
Registered No.:

2. FULL NAME: Martin F. Vandover

(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: Male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~: Ettta Vandover

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 22 - 1853

7. AGE: Years 82 | Months 2 | Days 9 | If LESS than 1 day, hrs. or min.

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:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Fairdealing Ripley Co. Mo

FATHER
13. NAME: William Vandover
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Holland

MOTHER
15. MAIDEN NAME: Patsy Harris
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ozly Ripley Co. Mo

17. INFORMANT: Ettta Vandover
(ADDRESS) Naylor Ripley Mo

18. BURIAL, CREMATION, OR REMOVAL: Armed cem
PLACE: Naylor R.R. DATE: April 1 1935

19. UNDERTAKER: Mrs. Minnie Gish
(ADDRESS) Naylor Mo

20. FILED: 4/15 1935 N Reeves
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 1 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 13, 1935, to April 1, 1935
I last saw him alive on April 1, 1935. Death is said to have occurred on the date stated above, at 5 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer or carcinoma of bladder. 2/20/35 was when diagnosis was made. never had bothered before.	2/20/35

Other contributory causes of importance:
acute attack of indigestion

Name of operation: drainage of bladder Date of: 2/27/1935
What test confirmed diagnosis? clinical 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) N Reeves, M. D.
(Address) Naylor 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.