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.

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

Do not use this space.

AUG 9 1935

791
1003

24607

File No.
Registered No. 6002

1. PLACE OF DEATH

County
Township
Registration District No.
Primary Registration District No.
City St Louis (No. Mo. Baptist Hosp St. Ward)

2. FULL NAME William Vance

(a) Residence, No. Ellington Mo St., N R 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 ~~white~~
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~~ Mary Vance

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 10, 1875

7. AGE Years 60 Months 4 Days 2 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) Missouri

FATHER
13. NAME Hugh Vance
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Jane Bedwell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT (ADDRESS) Mary Vance Ellington Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Ironton Mo DATE July 13 1935

19. UNDERTAKER (ADDRESS) John P. Collins & Bro 9-28 Mo Grand Ave

20. FILED JUL 13 1935 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 12, 1935, to July 12, 1935. Last saw ... alive on July 12, 1935. Death is said to have occurred on the date stated above, at 2:20 p.m.

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

	Date of onset
Chronic Myocarditis	7-1-33
185	
	7-4
Injury to left chest	7-10-35

Other contributory causes of importance:

Name of operation none Date of —

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? Accident Date of injury 7-10, 1935
Where did injury occur? Ellington, Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. On his farm
Manner of injury Hay rack fell striking chest
Nature of injury Cut 2 ribs long cut day

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify while pitching off hay

(Signed) John W. Mafforaff, M. D.
(Address) 5 S 9 N. Broad

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