

SEP 2 4 1935

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

Do not use this space.

27221

1. PLACE OF DEATH
 County Wm. Scott Registration District No. 114
 Township Butler Primary Registration District No. 3867
 City Portageville No. _____ St. _____ Ward _____

2. FULL NAME Louise Palmer Vance
 (a) Residence, No. _____ 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

MEDICAL CERTIFICATE OF DEATH

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr-28-34

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>1</u>	<u>4</u>	<u>4</u>	<u>29</u>	

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. _____

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) Portageville mo

13. NAME Alton Vance

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Portageville mo

15. MAIDEN NAME Velda Snider

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

17. INFORMANT (ADDRESS) Alton Vance
Portageville mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Stewart DATE 8-28-35

19. UNDERTAKER (ADDRESS) R. M. Payne
Portageville mo

20. FILED Sept 3, 1935 - Mary W. Cook
Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-27, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug-26, 1935 to Aug-27, 1935
 I last saw him alive on 8-26 1935. Death is said to have occurred on the date stated above, at 3:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Diphtheria
 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) H. S. Kelley, M. D.
 (Address) Portageville, mo.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

