

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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OCT 25 1935

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

Do not use this space.

30109

1. PLACE OF DEATH
County Marion Registration District No. 5-48.
Township ~~Liberty~~ Primary Registration District No. 4329.
City Palmyra (No. _____) St. _____ Ward _____

2. FULL NAME Wilhelma Kathryn Vannoy
(a) Residence, No. Palmyra, Mo. St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 18 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				
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>George Vannoy</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 15, 1879</u>				
7. AGE	YEARS <u>56</u>	MONTHS <u>0</u>	DAYS <u>15</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</u>			
	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) <u>Palmyra, Mo.</u>				
FATHER	13. NAME <u>Christian Burkhardt</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>			
MOTHER	15. MAIDEN NAME <u>Sevilla Herzog</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>			
17. INFORMANT <u>Mrs. E. Thurwachter</u> (ADDRESS) <u>Palmyra, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Greenwood Cem.</u> DATE <u>10/2/35</u> 19 <u>35</u>				
19. UNDERTAKER <u>Lewis Beon</u> (ADDRESS) <u>Palmyra Mo.</u>				
20. FILED <u>Oct 25 1935</u> <u>Kerthudee</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR)	<u>Sept. 30, 1935</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>Sept. 30</u> , 19 <u>35</u> , to <u>Sept. 21</u> , 19 <u>35</u> .	
I last saw her alive on <u>Sept. 20</u> , 19 <u>35</u>	Death is said to have occurred on the date stated above, at <u>10.30 p.m.</u>
The principal cause of death and related causes of importance were as follows: <u>Emphysema</u> <u>665</u>	
Other contributory causes of importance: <u>Heart affection following Thyroid trouble about 10 years</u>	
Name of operation <u>Thyroidectomy</u>	Date of <u>1928</u>
What test confirmed diagnosis? <u>Chemical</u>	Was there an autopsy? <u>Yes</u>
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) <u>Dr. J. S. ...</u> , M. D. (Address) <u>Palmyra, Mo.</u>	

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