

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.

NOV 25 1935

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

Do not use this space.

32533

1. PLACE OF DEATH

County *Polk*Registration District No. *373*File No. *32533*

Township

Primary Registration District No. *4219*Registered No. *14*City *Oregon*(No. *1*)St. *Oregon* Ward

2. FULL NAME

(a) Residence, No. *Rosetta VanDeever* St. *Oregon* Ward

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *79* yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>widowed</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF <i>Harrison VanDeever</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Jan 17-1853</i>		
7. AGE <i>82</i>	YEARS <i>9</i>	MONTHS <i>11</i>
		DAYS <i>11</i>
		If LESS than 1 day, ... hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>at home</i>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>" "</i>
	10. Date deceased last worked at this occupation (month and year) <i>about Aug 1-1935</i>
	11. Total time (years) spent in this occupation <i>60</i>

12. BIRTHPLACE (CITY OR TOWN) *Maryland*
(STATE OR COUNTRY)13. NAME *Thomas Bishop*14. BIRTHPLACE (CITY OR TOWN) *unknown*
(STATE OR COUNTRY)15. MAIDEN NAME *Susan Collier*16. BIRTHPLACE (CITY OR TOWN) *unknown*
(STATE OR COUNTRY)17. INFORMANT *Mr. Lulu Seeman*
(ADDRESS) *Oregon mo*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Oregon mo* DATE *Oct 30*19. UNDERTAKER *Reuben P. Smith*
(ADDRESS) *Oregon mo*20. FILED *10-28*, 1935 *J. H. Schaefer*
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct 28*, 193522. I HEREBY CERTIFY, That I attended deceased from *Aug 5*, 1935, to *Oct 28*, 1935I last saw him alive on *Oct 27*, 1935. Death is saidto have occurred on the date stated above, at *7:00* a.m.

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

*Cerebral hemorrhage*Other contributory causes of importance *arteriosclerosis*Name of operation *none* Date of onset *Oct 20*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? *no* Date of injury *no*, 19Where did injury occur? *no* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury *no injury*Nature of injury *no injury*24. Was disease or injury in any way related to occupation of deceased? *no*If so, specify *no*(Signed) *E. F. H. H. H.*, M. D.(Address) *Oregon mo*

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