

NOV 23 1935

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

Do not use this space.

33270

## 1. PLACE OF DEATH

County Amur  
Township Marceline  
City M. (No. ....)

Registration District No. 502  
Primary Registration District No. 5068

File No. ....  
Registered No. 42  
St. .... Ward)

## 2. FULL NAME

Mary Ann Van Dusen

(a) Residence, No. .... St. .... Ward. ....  
(Usual place of abode)

Length of residence in city or town where death occurred 32 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 Female 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) Sept 25 1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
84 1 2

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

at home

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chariton Co Mo

13. NAME Jacob Van Dusen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

15. MAIDEN NAME Rachel Olinger

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.

17. INFORMANT (ADDRESS) Mrs Shad Hunter  
Marceline Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Olive DATE Oct. 29 1935

19. UNDERTAKER (ADDRESS) Gas M. Haughlin  
Marceline Mo

20. FILED 10/29 1935 Oliver Barrett  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-27-1935

22. I HEREBY CERTIFY, That I attended deceased from 10-27 1935 to 10-27 1935

I last saw h. alive on 10-27 1935 Death is said

to have occurred on the date stated above, at home

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

chronic  
myocarditis

Date of onset

Other contributory causes of importance: imo

Name of operation ..... Date of .....

What test confirmed diagnosis? chem. 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) M. W. Ellis, M. D.

(Address) Marceline 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.

