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

Do not use this space.

35020

1. PLACE OF DEATH
County Adair — Registration District No. 4 — File No.
Township — Primary Registration District No. 3001 — Registered No. 205
City Kirksville (No. ..... St. ..... Ward)

2. FULL NAME Vera Amy Janes
(a) Residence, No. W Harrison St. 2 Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
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 A. E. Janes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 2 1890

7. AGE YEARS 45 MONTHS 2 DAYS 13 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
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) Aledo Ill

FATHER
13. NAME Geo P. Hocks.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Anharber Mich

MOTHER
15. MAIDEN NAME Cora J. Gaston
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Aledo Ill

17. INFORMANT (ADDRESS) R. J. Janes Kirksville, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Aledo Ill DATE Sept 17 1935

19. UNDERTAKER (ADDRESS) Summers Son Kirksville Mo.

20. FILED Nov 16 1935 Spencer L. Freeman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

Suicide - Drowning

Date of onset

Other contributory causes of importance:

166

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? Yes.

23. If death was due to external causes (violence), fill in also the following:
~~Accident~~, suicide, ~~or homicide~~? Suicide Date of injury Nov 14 1935
Where did injury occur? Kirksville Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Still Lake West of City Limits - Privately owned
Manner of injury Drown in Still Lake
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) Dee Riley Corsour, ~~M. D.~~
(Address) Kirksville, Mo.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

V. S. No. 2
100M-11-24-33