

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

Do not use this space.

40214

1. PLACE OF DEATH 23 1936
 County Marion Registration District No. 530
 Township Eastley Primary Registration District No. 5708
 City (No. _____) St. _____ Ward _____

2. FULL NAME Joanna Eliza Vase
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 61 yrs. 5 mos. 11 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

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>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Wife of Frank Vase</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 11 - 1874</u>		
7. AGE	YEARS	MONTHS
<u>61</u>	<u>5</u>	<u>11</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</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>Ohio</u>		
13. NAME <u>Harlow Tucker</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>		
15. MAIDEN NAME <u>Mary Buck</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>		
17. INFORMANT (ADDRESS) <u>Hazel Vase</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>La Plata</u> DATE <u>Dec 24</u> 19 <u>35</u>		
19. UNDERTAKER (ADDRESS) <u>W. H. W. Collins & Sons</u>		
20. FILED <u>Jan 20, 1936</u> <u>Mrs. Lloyd Baker</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 22 1935

22. I HEREBY CERTIFY, That I attended deceased from July 17, 1930, to Dec. 22, 1935
 I last saw him alive on Dec. 4, 1935. Death is said to have occurred on the date stated above, at 5:30 A. M.
 The principal cause of death and related causes of importance were as follows:
Chronic Interstitial Nephritis.
Hyperextension.
 Date of onset 2/2

Other contributory causes of importance:
151

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) Carl Buckley, M. D.
 (Address) La Plata Mo.

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.

