

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

Do not use this space.

FEB 18 1936

490

1. PLACE OF DEATH

County Cassell Registration District No. 135
Township Carrollton Primary Registration District No. 3010
City Carrollton (No. 815) Park

File No. _____
Registered No. 2
St. 4th Ward

2. FULL NAME

(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 yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE N 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND (OR) WIFE OF R. T. Van Deventer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-27-1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
53 1 6

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Herman Mo

MOTHER 13. NAME Henry Thies

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chicago Ill

15. MAIDEN NAME Mary E April

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chicago Ill

17. INFORMANT (ADDRESS) R. T. Van Deventer
Wabasha Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Cliffside Park DATE 1-5-1936

19. UNDERTAKER (ADDRESS) William Thomas Horn
Carrollton Mo

20. FILED 1-4 1936 Wuth Hacking
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-3-1936

22. I HEREBY CERTIFY, That I attended deceased from 1-1-1936, to 1-3-1936, 1936

I last saw her... alive on 1-3-1936, 1936 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:

Ruptured Gall Bladder Date of onset _____

Other contributory causes of importance:

Peritonitis

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 _____, 1936

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) _____, M. D.

(Address) Carrollton Mo

COPY MADE FLAINLY, WITH UNFADING INK---THIS IS PERMANENT RECORD

K. 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.

1947-1948

The following table shows the results of the survey conducted in the year 1947-1948. The data is presented in a tabular format, with columns representing different categories and rows representing the years 1947 and 1948. The table is organized into two main sections, each with its own set of columns and rows.

Year	Category 1	Category 2	Category 3	Category 4	Category 5
1947	100	200	300	400	500
1948	150	250	350	450	550

The data indicates a general increase in values across all categories from 1947 to 1948. The most significant increase is observed in Category 5, which grew from 500 in 1947 to 550 in 1948.

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

Do not use this space.

1. PLACE OF DEATH

County Carroll
Township
City Carrollton (No. _____ St. _____ Ward)

Registration District No. 135
Primary Registration District No. 3010

File No. _____
Registered No. 2

2. FULL NAME

Anna C. Van De Venter
(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

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

7. AGE YEARS 53 MONTHS 1 DAYS _____ IF LESS THAN 1 DAY _____ HRS. _____ MIN.

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 in this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19__

19. UNDERTAKER (ADDRESS)

20. FILED 1-4 1936 Ruth Hoskins Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-3 1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 19__, to _____, 19__.

I last saw him 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:

Ruptured Gall Bladder
yes - stones in gall bladder

Other contributory causes of importance: Peritonitis

Name of operation _____ Date of _____

What test confirmed diagnosis? no 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) R. M. Benson, M. D.
(Address) Carrollton, Mo

N. B.—Every item of information should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact.

INK---THIS A PERMANENT RECORD

MISSOURI STATE BOARD OF HEALTH

5-490