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.

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

MAR 21 1936

Do not use this space.

6256

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kaw — Primary Registration District No. 1002 — Registered No. 1079
City Kansas City (No. 1606 E- 8th St. Ward)

2. FULL NAME William Joseph Vandanacker
(a) Residence, No. 1606 E 8th St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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: Mary Elizabeth

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 10th 1855

7. AGE: Years 80 — Months 8 — Days 18 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Hotel
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Keeper
10. Date deceased last worked at this occupation (month and year): Retd 20 yrs
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Brooklyn New York

FATHER
13. NAME: Christian Vandanacker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Holland

MOTHER
15. MAIDEN NAME: Grace Van Kee Kew
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Holland

17. INFORMANT (ADDRESS): Mrs Maud M Ridgeway 1606 E 8th

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Wash DATE Feb 2, 1936

19. UNDERTAKER (ADDRESS): W W Newcomers Sons Kansas City Mo

20. FILED 7/28 1936 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb-28, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 25 1936, to Feb 28, 1936
I last saw him alive on Feb 28, 1936. Death is said to have occurred on the date stated above, at 8:20 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
92A	
Angina Pectoris	

Other contributory causes of importance:
Mitral regurgitation

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) E H Kelly, M. D.
(Address) 402 Ashbach Ave Kansas City Mo
Phone Bd 0687

402 Wabash