

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

Do not use this space.

15-999-a

1. PLACE OF DEATH

County Miller
 Township Miller
 City (No.)

Registration District No. 1040
 Primary Registration District No. 5736

File No.
 Registered No. 6
 St. Ward

2. FULL NAME

(a) Residence, No. Unmarried Veasman St. Ward

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred X yrs. X mos. 1 ds. How long in U. S., if of foreign birth? X yrs. X mos. 1 ds.

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 Single
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 8, 1936
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, X hrs. or X min.
X X X

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

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

13. NAME Robert Henry Veasman

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

15. MAIDEN NAME Erie Florence Rollins

16. BIRTHPLACE (CITY OR TOWN) Osage County (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Robt Veasman
Bricktown, Mo

18. BURIAL, CREMATION, OR REMOVAL ✓

PLACE DATE , 1936

19. UNDERTAKER (ADDRESS)

20. FILED 7-7, 1936 Christine L. Veasman
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 8, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 8, 1936, to April 8, 1936

I last saw h.s. alive on April 8, 1936 Death is said

to have occurred on the date stated above, at 4 P. M.

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

Premature birth, twins Date of onset 3-8-36

Other contributory causes of importance 15

Name of operation X Date of X

What test confirmed diagnosis? X Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? X Date of injury X, 1936

Where did injury occur? X (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury X

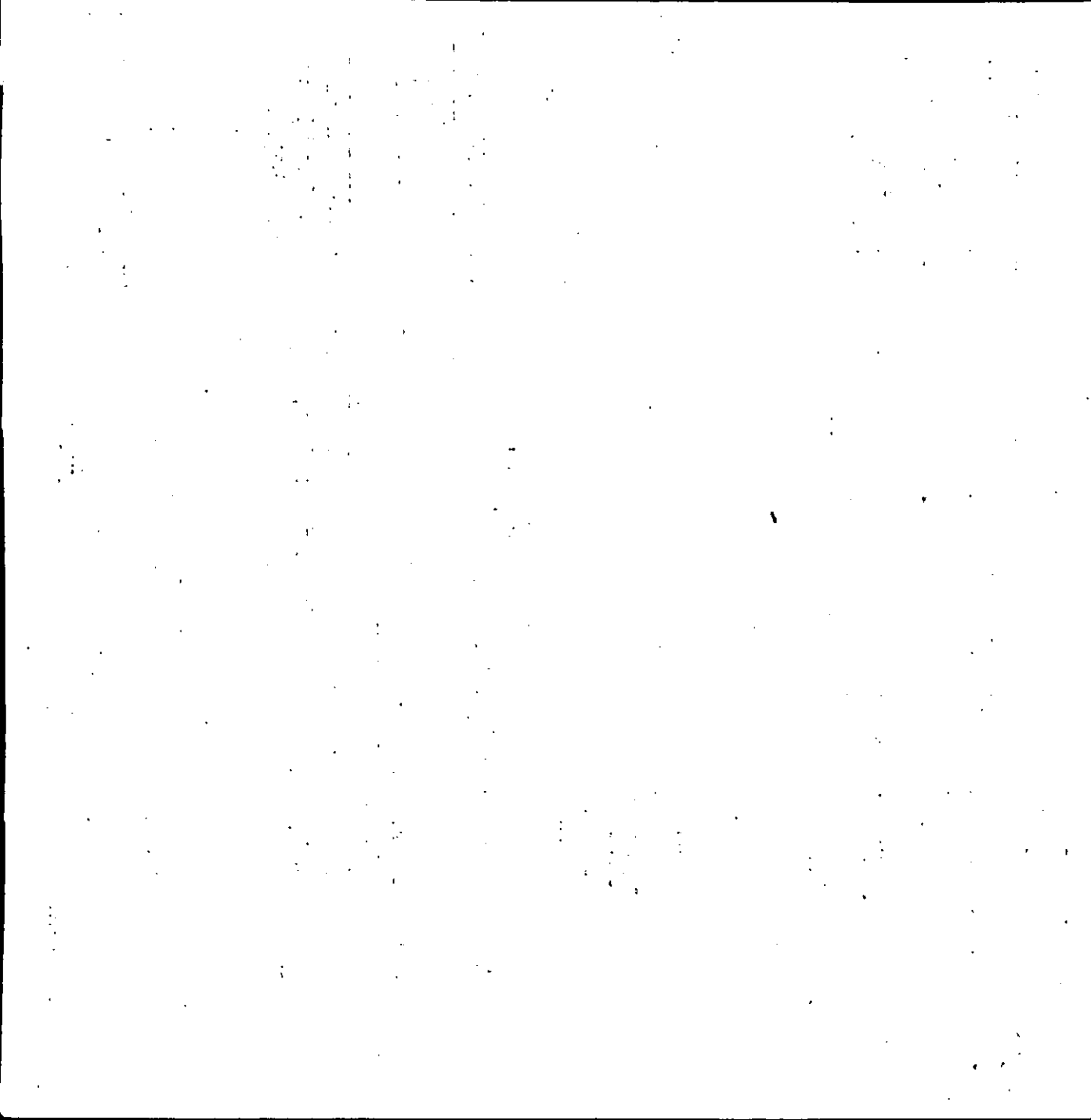
Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify X

(Signed) Monter L. Bates, M. D.

(Address) Bricktown, Mo



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CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County Marion
Township Miller
City Un-named (No. 1040)

Registration District No. 1040
Primary Registration District No. 2736

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single (write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or 30 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 at this occupation (month and year)
11. Total time (year) 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 Robert H. Veasman (ADDRESS) Brinktown Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Brinktown Mo DATE 4-8 1936

19. UNDERTAKER Joseph Dwyer (ADDRESS) Brinktown Mo

20. FILED 8-10 1936 CWWinkelman Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-8 1936

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

I last saw him/her 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:

Premature birth Date of onset _____

Other contributory causes of importance: _____

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) _____, M. D.

(Address) _____

5-66651-a