

JUL 24 1936

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

Do not use this space.

15999-6

1. PLACE OF DEATH

County Texas
Township Miller
City (No.)

Registration District No. 1040
Primary Registration District No. 5736

File No. _____
Registered No. 5
St. _____ Ward _____

2. FULL NAME Munamad Veerman

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>x</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 8, 1936</u>		
7. AGE	YEARS	MONTHS
	<u>x</u>	<u>x</u>
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>x</u>		
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. <u>x</u>		
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) <u>x</u>		11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION. <u>x</u>

OCCUPATION

FATHER

MOTHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Brinktown Missouri</u>
13. NAME <u>Robert Henry Veerman</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Brinktown Missouri</u>
15. MAIDEN NAME <u>Eric Florence Rollins</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Osage County Missouri</u>
17. INFORMANT (ADDRESS) <u>Robt Veerman Brinktown, Mo</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19 <u>36</u>
19. UNDERTAKER (ADDRESS)
20. FILED <u>7-7</u> 19 <u>36</u> <u>CW Winkelman</u> 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.i.m. alive on April 8 1936. Death is said to have occurred on the date stated above, at 6:00 A.M.

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

Premature birth, twins Date of onset Apr 8-36

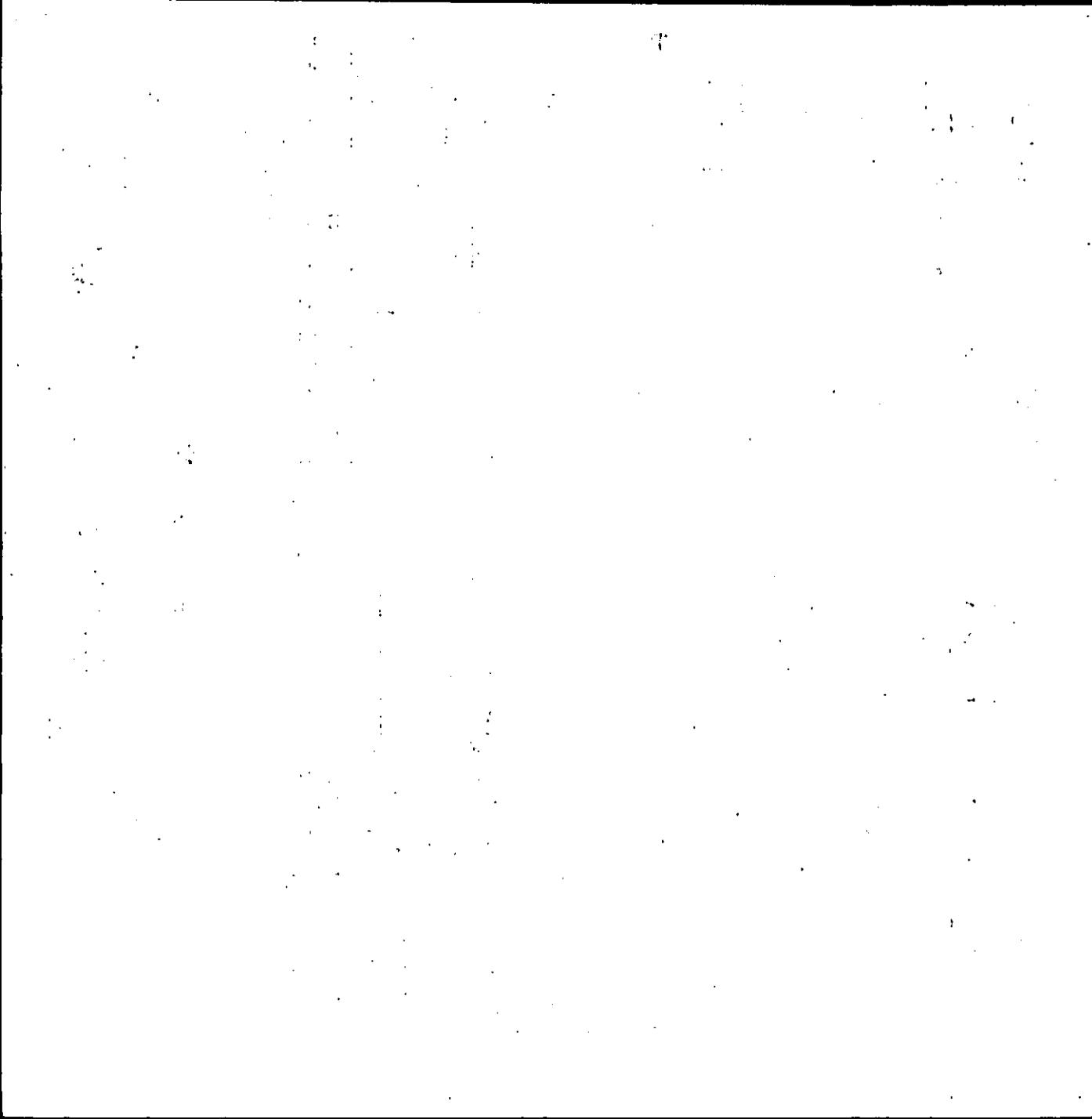
Other contributory causes of importance:

Name of operation _____ Date of _____
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 _____
(Signed) Charles Gates, D.O.
(Address) Brinktown, Mo



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1. PLACE OF DEATH

County Marion
Township Miller
City..... (No..... St..... Ward)

Registration District No. 1040
Primary Registration District No. 2736

File No.....
Registered No.....

2. FULL NAME

un-named Veseman

(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX..... 4. COLOR OR RACE..... 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (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, 2 hrs. or 2 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 (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 Robert H. Veeman (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Brinktown London DATE 4-9 1936

19. UNDERTAKER Joseph B. Bunch (ADDRESS) Brinktown Mo

20. FILED 7-103 1936 Clow Winkelman 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 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:

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).....

SUBMITTED

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