

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.

JUL 20 1936

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

Do not use this space.

22513

1. PLACE OF DEATH

County Franklin
Township Washington
City Washington

Registration District No. 297
Primary Registration District No. 3016

File No. _____
Registered No. 49
St. _____ Ward _____

2. FULL NAME

J. William Vondera

(a) Residence, No. _____ St. _____ Ward. Union, Missouri
(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 18, 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 11 26

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) St. John's Missouri

13. NAME Henry Vondera

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

15. MAIDEN NAME Adelheid Hanneken

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

17. INFORMANT Leo Vondera
(ADDRESS) St. Louis, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Union, Mo. DATE June 15, 1936

19. UNDERTAKER (ADDRESS) Union Furn. Co. (W. H. Horn)
Union, Missouri

20. FILED June 14, 1936 H. Amey
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1936, to June 13, 1936
I last saw him alive on June 12, 1936. Death is said to have occurred on the date stated above, at 4:15 A.M.
The principal cause of death and related causes of importance were as follows:

Cancer of Liver. Jan. 1936

Other contributory causes of importance None

Name of operation None Date of _____
What test confirmed diagnosis? Clin. & Lab. Was there an autopsy? No

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? No
If so, specify _____
(Signed) W. H. Horn, M. D.
(Address) Washington, Missouri

