

AUG 20 1936

MISSOURI STATE BOARD OF HEALTH

Do not use this space.

BUREAU OF VITAL STATISTICS

AUG 20 1936

CERTIFICATE OF DEATH

30492

1. PLACE OF DEATH

County *Franklin*
Township *Central*
City *St. Clair Mo*Registration District No. *294*
Primary Registration District No. *54098*File No. _____
Registered No. _____
St. _____ Ward)

2. FULL NAME

Edwin Vannetkus(a) Residence, No. *St. Clair* St., _____ Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *4* yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Pearl Vannetkus</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Jan 8 - 1911</i>		
7. AGE	YEARS <i>25</i>	MONTHS <i>6</i>
	DAYS <i>26</i>	IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>labor</i>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Shoe factory</i>
	10. Date deceased last worked at this occupation (month and year) _____ <i>4 - 1936</i>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
*Moreletts Mo*13. NAME
*Frank Vannetkus*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
*Sullivan Mo*15. MAIDEN NAME
*Lucy Reed*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
*Moreletts Mo*17. INFORMANT (ADDRESS)
*Pearl Vannetkus
St. Clair Mo*18. BURIAL CREMATION, OR REMOVAL PLACE
Sullivan Mo DATE
*Aug 6 1936*19. UNDERTAKER (ADDRESS)
*Wm. Casey
St. Clair Mo*20. FILED
Aug 6, 1936 *W. H. Duckworth*
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *8-4-* 19 *36*22. I HEREBY CERTIFY, That I attended deceased from *8-3-* 19 *36*, to *8-4-* 19 *36*.I last saw him alive on *8-4-* 19 *36*. Death is saidto have occurred on the date stated above, at *9 P.* m.

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

<i>Chronic myocarditis.</i>	Date of onset
<i>obscure of lung</i>	?
	?

Other contributory causes of importance:

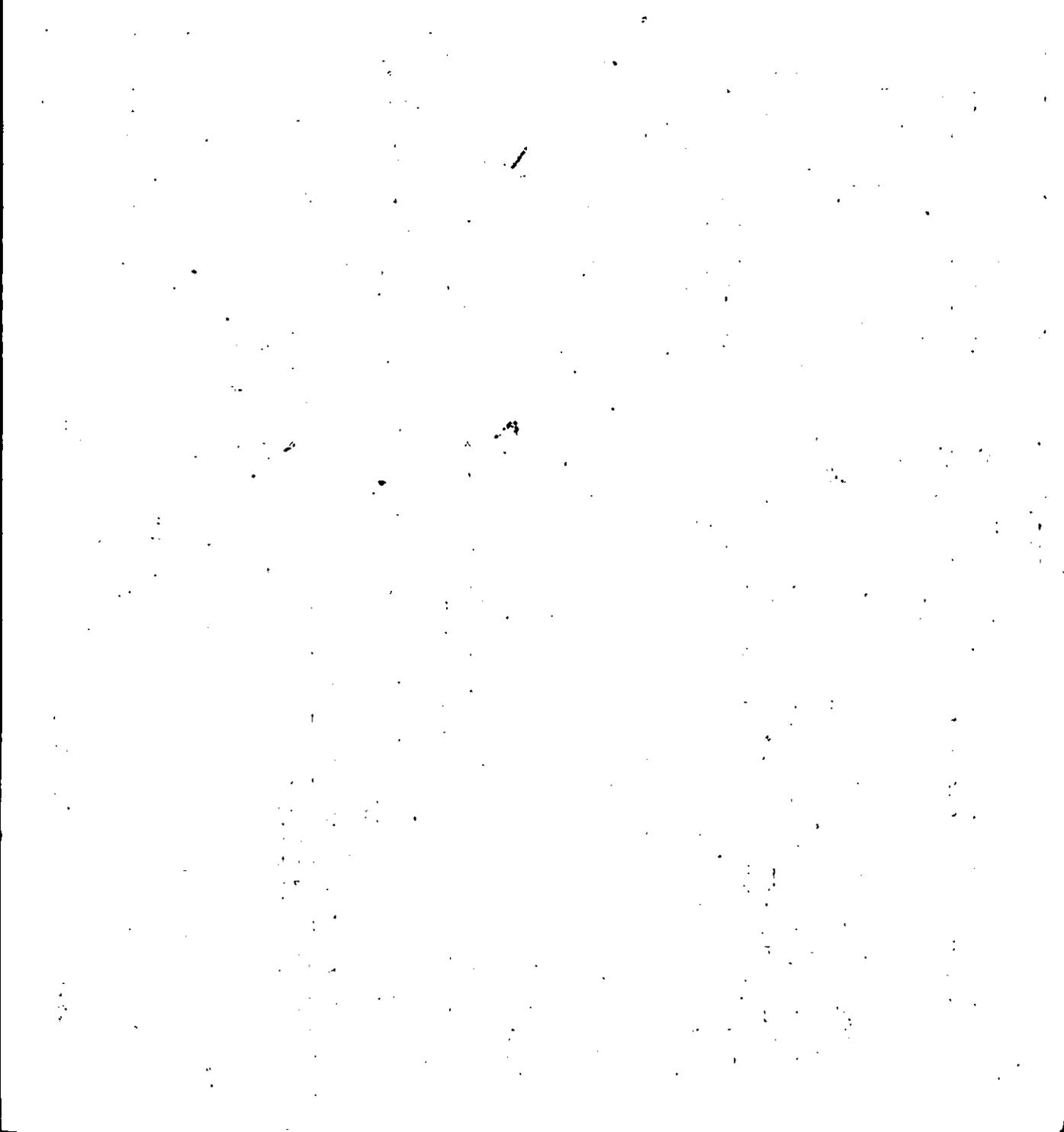
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? *no*23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19 _____Where did injury occur? _____
(Specify city or town, 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?

If so, specify *W. H. Duckworth*, M. D.
(Signed) _____(Address) *St. Clair Mo.*



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

Do not use this space.

1. PLACE OF DEATH

County Franklin
Township St. Clair
City St. Clair (No. _____) St. _____ Ward _____

Registration District No. 994
Primary Registration District No. 4178

File No. _____
Registered No. _____

2. FULL NAME

Edwin Sumner

(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 m 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	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>25</u>	<u>6</u>	<u>26</u>	

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 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19 _____

19. UNDERTAKER (ADDRESS)

20. FILED Aug 6 1936 W. H. Duckworth Registrar

MEDICAL CERTIFICATE OF DEATH

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

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

I last saw h. _____ 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:

Chc Myocarditis
apex of lung
Suberular

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 cause (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) W. H. Duckworth M. D.

(Address) St. Clair

S-30492