

SEP 29 1936

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

Do not use this space.

30955

1. PLACE OF DEATH

County Jackson Registration District No. 393
Township Kan Primary Registration District No. 1002
City Wassatah General Hospital (Ward) 27512

2. FULL NAME

Ernest Vonck
(a) Residence, No. 4518 Geneva 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 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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 9 '81

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
55 5 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Belgium

13. NAME Joseph Vonck

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Belgium

15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Belgium

17. INFORMANT (ADDRESS) Reinald Vonck 20 W. Lenwood

18. BURIAL, CREMATION, OR REMOVAL PLACE St Marys DATE Aug 14 1936

19. UNDERTAKER (ADDRESS) Quirk & Johns 20 W. Lenwood

20. FILED 8/14 36 M. M. Crowe Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-13 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-4 1936 to 8-13 1936

I last saw him alive on 8-13 1936 Death is said

to have occurred on the date stated above, at 1:30 a.m.

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

General Paresis of the Insane
83

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

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) J. J. Gemmel M. D.

(Address) St. Marys General Hospital

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.

STATE OF MISSOURI - DEPARTMENT OF HEALTH - BUREAU OF VITAL STATISTICS - CERTIFICATE OF DEATH - 1936

