

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 28 1937

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

Do not use this space.

43728

1. PLACE OF DEATH

County Saline Registration District No. 50 File No. _____
Township _____ Primary Registration District No. 3004 Registered No. 110
City Butler (No. _____) St. _____ Ward _____

2. FULL NAME

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 20, 1864
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 10 15

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 5, 1936
22. I HEREBY CERTIFY, That I attended deceased from June 1, 1936, to Dec 5, 1936.
I last saw him alive on Dec 5, 1936. Death is said to have occurred on the date stated above, at 4:30 p.m.
The principal cause of death and related causes of importance were as follows:

OCCUPATION:
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired Carpenter
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 _____

Other contributory causes of importance:
Bronchogenic
Pneumonia
Rheumatic myocarditis
Rheumatic nephritis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mason
13. NAME John Vandcamp
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Peru
15. MAIDEN NAME Mary Catherine
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) F. J. N. Y.

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 _____

17. INFORMANT Mrs Westler
(ADDRESS) Butler Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Walsh DATE Dec 7, 1936
19. UNDERTAKER Quincy
(ADDRESS) Butler Mo
20. FILED Dec 7, 1936 Mrs L. C. C. C.
Registrar

24. Was disease or injury in any way related to occupation of deceased?
If so, specify Chas. A. Pusk Jr., M. D.
(Signed) Butler, Mo
(Address)

