

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

APR 21 1936

1. PLACE OF DEATH

County Monroe
Township Woodlawn
City (No.)

Registration District No. 587
Primary Registration District No. 5785

File No. 47943
Registered No. 2
St. Ward

2. FULL NAME

Billy (Infant) Vanskike, Jr.

(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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAR 6 1936

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. Still born

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

MOTHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe Co. Missouri

FATHER 13. NAME Ora Vanskike

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paris Mo.

MOTHER 15. MAIDEN NAME Ellma Gordon

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Plattsburg Mo.

17. INFORMANT Ora Vanskike (ADDRESS) Madison Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove DATE 3/7 1936

19. UNDERTAKER None (ADDRESS)

20. FILED 3/6/ 1936 F. Wedding Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAR 6 1936 1936

22. I HEREBY CERTIFY, That I attended deceased from , 1936, to , 1936. I last saw h. alive on , 1936. 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:

Stillborn
Insultant
slavery

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 , 1936
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) Dr. Kelly S. Christman, D.O.
(Address) Paris, Mo.

