

MAR 20 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jefferson Registration District No. 420
Township Big River No. Primary Registration District No. 5574 File No. 6883
City Flatchers (No. _____) State _____ 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

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

6A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Harvey Van Vorhis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 15 - 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 5 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

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) Washington Co. Missouri

13. NAME Stephen Denton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mooreville Maryland

15. MAIDEN NAME Charlotte Smith

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

17. INFORMANT (ADDRESS) Robert Denton, Bismarck Miss.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bismarck Miss. Feb 23 1937

19. UNDERTAKER (ADDRESS) Whitey Co. Bismarck Miss.

20. FILED 3-4 1937 Jessie Donnell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 21 1937

22. I HEREBY CERTIFY, That I attended deceased from February 5 1937, to February 21 1937

I last saw h. or alive on February 12 1937. Death is said to have occurred on the date stated above, at 2 P.M.

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

Lobar pneumonia Date of onset 2/5/37

Other contributory causes of importance: Chronic bronchitis

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? No

If so, specify _____

(Signed) Arnold Gault M. D.

(Address) Ladwood, Mo.

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.

