

APR 16 1937

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

Do not use this space.

1. PLACE OF DEATH

County CarterRegistration District No. 144File No. 11505Township P. 11Primary Registration District No. 3209Registered No. 14City Fremont

(No., St. Ward)

2. FULL NAME James Henry Vanover

(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 Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (<i>write the word</i>) Married		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah Elizabeth Vanover				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 19, 1851				
7. AGE YEARS 85	MONTHS 6	DAYS 3	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer, Retired			
	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)..... Louisville (STATE OR COUNTRY) Kentucky				
FATHER	13. NAME Wm. Carl Vanover			
	14. BIRTHPLACE (CITY OR TOWN)..... Unknown (STATE OR COUNTRY)			
MOTHER	15. MAIDEN NAME Margaret Ervin			
	16. BIRTHPLACE (CITY OR TOWN)..... Unknown (STATE OR COUNTRY)			
17. INFORMANT H. D. Vanover (ADDRESS) Fremont, Mo.				
18. BURIAL PLACE Fremont, Mo. DATE Feb. 23, 1937				
19. UNDERTAKER W. C. Croy (ADDRESS) Van Buren, Mo.				
20. FILED Apr. 9, 1937 J. J. Schupp Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb. 22, 1937**22. I HEREBY CERTIFY, That I attended deceased from **Feb 1, 1937**, to **Feb 22, 1937**I last saw him alive on **Feb 21, 1937** Death is said to have occurred on the date stated above, at **4 A.M.**

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

Pneumonia
Tuberculosis

Date of onset **Jan 1937**

Other contributory causes of importance: **23**

Name of operation..... Date of.....

What test confirmed diagnosis **Cultural** 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.....

(Signed) **Wm H Burton**, M. D.(Address) **Van Buren, 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.

