

MAY 20 1937

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

Do not use this space.

1. PLACE OF DEATH

42 County Henry Registration District No. 358 File No. 16479
Township Big Creek Primary Registration District No. 8503 Registered No. 6
City Blairtown (No. R. 1) St. _____ Ward _____

2. FULL NAME

Alice Marion Vannattan

(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 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John M. Vannattan</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>6-4-1867</u>		
7. AGE	YEARS	MONTHS
	<u>69</u>	<u>10</u>
		DAYS
		<u>7</u>
		IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	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 <u>life</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Knas Co. Mo</u>		
FATHER	13. NAME <u>James M. Clark</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Rockport, Ill</u>	
	15. MAIDEN NAME <u>Sarah J. Dugideon</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Rockport, Ill</u>	
17. INFORMANT (ADDRESS) <u>John M. Vannattan Blairtown, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Adairville, Mo</u> DATE <u>4-12</u> 19 <u>37</u>		
19. UNDERTAKER (ADDRESS) <u>Wilkinson Funeral Home Clinton, Mo</u>		
20. FILED <u>April 12, 1937</u> <u>E. H. Nibler</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>4-11</u> 19 <u>37</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>4-2</u> 19 <u>37</u> , to <u>April 8</u> 19 <u>37</u> I last saw her alive on <u>April 8</u> 19 <u>37</u> Death is said to have occurred on the date stated above, at <u>9:06 A.M.</u> The principal cause of death and related causes of importance were as follows: <u>Gangrene of right leg</u> <u>secondary to</u> <u>pneumonia (lobar)</u> <u>108</u> Other contributory causes of importance: <u>Cerebral hemorrhage</u> <u>mch 29 1936</u>
Date of onset _____
Name of operation <u>no</u> Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? <u>no</u>
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? <u>no</u> If so, specify _____
(Signed) <u>C. C. Smith</u> M. D. (Address) <u>Ericch Mo</u>

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.

