

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.

Annex 752
AUG 20 1937

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

Do not use this space.

1. PLACE OF DEATH

County Chariton
Township Keytesville
City..... (No.....) St..... Ward.....

Registration District No. 171
Primary Registration District No. 5237

File No. 26965
Registered No. 28

2. FULL NAME

Cassandra Inna Vance

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female

4. COLOR OR RACE white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 31-1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 3 7

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

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) (STATE OR COUNTRY) Mo

13. NAME Frances Marion Kautner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

15. MAIDEN NAME Virginia Harris

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

17. INFORMANT (ADDRESS) Samuel Vance

18. BURIAL, CREMATION OR REMOVAL PLACE Asbury, Mo. DATE 7/19 1937

19. UNDERTAKER (ADDRESS) Geo. W. Winkelmeyer, Asbury, Mo.

20. FILED 7/15 1937 Mr. Roy Soudree Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 8 1937

22. I HEREBY CERTIFY That I attended deceased from June 25, 1937, to July 8, 1937
I last saw h. or alive on July 5, 1937 Death is said to have occurred on the date stated above, at 1 m.

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

Coronary occlusion (thrombosis) Date of onset 7-5-37

Other contributory causes of importance:
Diabetes mellitus 1930
Arteriosclerosis 1930

Name of operation none Date of.....
What test confirmed diagnosis? Clinical 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) O. W. Samson, M. D.
(Address) Keytesville, Mo.

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