

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.

OCT 15 1937

33530

1. PLACE OF DEATH

County Atchison
 Township Dale
 City Fairfax (No. _____)

Registration District No. 17
 Primary Registration District No. 5022

File No. _____
 Registered No. _____
 _____ St. _____ Ward)

2. FULL NAME Rebecca C. Van Wormer

(a) Residence, No. Craig, Mo. 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 <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>Albert Van Wormer</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>5-12-1856</u>		
7. AGE YEARS <u>81</u>	MONTHS <u>2</u>	DAYS <u>29</u>
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. <u>Same</u>		
10. Date deceased last worked at this occupation (month and year) <u>June 1, 1937</u>		
11. Total time (years) spent in this occupation		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 4, 1937, to Aug 11, 1937

I last saw him alive on Aug 6, 1937. Death is said to have occurred on the date stated above, at 6:30 a.m.

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

Hyperextension
of the Cervical Spine
1935

Other contributory causes of importance: 81a

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? _____

If so, specify _____ (Signed) R. C. Starnes, M. D.

(Address) Craig, Mo.

12. BIRTHPLACE (CITY OR TOWN) Union (STATE OR COUNTRY) W. Va.

MOTHER

13. NAME Michael Mann

14. BIRTHPLACE (CITY OR TOWN) W. Va. (STATE OR COUNTRY)

15. MAIDEN NAME Katherine Rife

16. BIRTHPLACE (CITY OR TOWN) W. Va. (STATE OR COUNTRY)

FATHER

17. INFORMANT Mrs Myrtle Trauernicht (ADDRESS) Fairfax, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Craig, Mo DATE AUG. 14, 1937

19. UNDERTAKER Schooler Bros (ADDRESS) Craig, Mo.

20. FILED Aug. 16, 1937 Betta B. Black Registrar.

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