

DEC 23 1937

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

Do not use this space.

41925

1. PLACE OF DEATH
County Montgomery Registration District No. 592
Township _____ Primary Registration District No. 4350
City Montgomery City St. _____ Ward _____

2. FULL NAME Mary Jane Vandaveer
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred life 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) Widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 25 th 1855
7. AGE YEARS 81 MONTHS 10 DAYS 11 If LESS than 1 day, _____ hrs. or _____ min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) II/6/37 19
22. I HEREBY CERTIFY, That I attended deceased from June 1, 1936, to Nov. 6, 1937
I last saw her alive on Nov. 6, 1937. Death is said to have occurred on the date stated above, at 9:am.
The principal cause of death and related causes of importance were as follows:

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

Senility
Generalized Arteriosclerosis
Other contributory causes of importance: Arteriosclerotic Coroid - Vascular Disease
Date of onset

12. BIRTHPLACE (CITY OR TOWN) Montgomery City (STATE OR COUNTRY) MO

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

13. NAME Edward Kellar

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

15. MAIDEN NAME Sarah Hughes

16. BIRTHPLACE (CITY OR TOWN) Un Known (STATE OR COUNTRY)

17. INFORMANT Miss Alta Vandaveer (ADDRESS) Montgomery City Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Montgomery C. On II/8/37 1937

19. UNDERTAKER C. W. Hopkins (ADDRESS) Montgomery City Mo

20. FILED No 7 1937 Wm. G. Bull Registrar.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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) E. C. T. Anderson, M. D.
(Address) Montgomery City, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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