

JAN 18 1938

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

Do not use this space.

1. PLACE OF DEATH

County Henry
Township Big Creek
City Blairtown No. PA#2

Registration District No. 358
Primary Registration District No. 5503

File No. 45510
Registered No. 9
St. _____ Ward _____

2. FULL NAME

Alva Leon Vannattan

(a) Residence, No. PA#2 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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 11, 1937
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 17

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. baby
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
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) Blairtown Mo 1

FATHER
13. NAME John S. Vannattan 1

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Adiga Knox Co, Mo 2

MOTHER
15. MAIDEN NAME Hester May Payton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Doigt Knuff Pa

17. INFORMANT (ADDRESS) John S. Vannattan Blairtown Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Creighton Mo DATE Dec 28 1937

19. UNDERTAKER (ADDRESS) Fred W. Wilkerson Clinton Mo

20. FILED Dec 28 1937 E. S. Hibler Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-28 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-23 1937, to 12-28 1937
I last saw h.f. alive on 12-27 1937. Death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:
Congenital Heart Lesion Date of onset _____

Other contributory causes of importance:
15 1/2

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) Ed C. Peeler M. D.
(Address) Clinton Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.

V. S. NO. 1
100M-3-23

