

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

Do not use this space.

1. PLACE OF DEATH

County Dade
Township South Morgan
City (No.)

Registration District No. 295-
Primary Registration District No. 5-320

File No. 2555
Registered No. 2

2. FULL NAME

John B. VanHoven 526

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Delia VanHoven

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 22 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
70 2 45

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

13. NAME J. N. VanHoven

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

15. MAIDEN NAME Elisabeth Logan

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

17. INFORMANT (ADDRESS) Versil VanHoven
R. 2, E. Walnut Grove, Mo

18. BURIAL, CREMATION OR REMOVAL PLACE Rice Cemetery DATE Jan 27 1938

19. UNDERTAKER (ADDRESS) Will Meyer
Dadesville, Mo

20. FILED Jan 26, 1938 Marion Miller
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 .
I last saw him alive after death, 19 . Death is said to have occurred on the date stated above, at 9 A m.
The principal cause of death and related causes of importance were as follows:

gun shot in chest
self inflicted
Suicide

Other contributory causes of importance:
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Name of operation FEB 23 1938 Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external cause (STAB, GUNSHOT, etc.), fill in also the following:
Accident, suicide, 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) Edward Corwood
(Address) Greenfield Mo

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.

