REC'D MAR 20 1938

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

7353
Do not use this space.

1. PLACE OF DEATH
(a) County Macon — Registration District No. 535 Dawn
(b) Township Narrows — Primary Registration District No. 5720 — Registered No.
(c) City — (d) Street No. — St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Fred H. Vanskike 522
(a) Residence, No. R.R. Jacksonville, Mo. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Nannie Vanskike

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 28, 1868

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
69	3	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc. Gen. Farming
10. Date deceased last worked at this occupation (month and year) Feb. 1938
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Excello, Mo. 0

FATHER
13. NAME Henry Vanskike, 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) (unknown) Missouri 0

MOTHER
15. MAIDEN NAME Mary Coulter,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) (unknown) Missouri

17. INFORMANT (ADDRESS) Mrs. Nannie Vanskike, RFD Jacksonville, Mo.

18. BURIAL, CREMATION, REMOVAL PLACE Mt. Salem Cem. (Macon Co.) DATE 2/16, 38

19. FUNERAL DIRECTOR (ADDRESS) Albert Skinner, Macon, Mo.

20. FILED ..... 19 ..... Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 6, 1938, to Feb 11, 1938
I last saw him alive on Feb 11, 1938. Death is said to have occurred on the date stated above, at 8 Am.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Labor Pneumonia	
Other contributory causes of importance: Flu 11 a	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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) W. A. Davis, M. D.
(Address) Macon, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

1 X12004

STATEMENT BY LICENSED EMBALMER

I, Russell Barber, Licensed Embalmer No. 3848

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed Russell Barber

Licensed Embalmer No. 3848

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

73 53
Do not use this space.

1. PLACE OF DEATH
(a) County Macon — Registration District No. 335
(b) Township Markovus — Primary Registration District No. 5720 — Registered No.
(c) City — (d) Street No. — St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Fred H. Vansike
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): M

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

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

7. AGE: Years 69 — Months 3 — Days 16 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as 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)

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED July 9 1938 Gela King (Local Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 14, 1938

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

	Date of onset

Other contributory causes of importance:

Name of operation .... Date of ....
What test confirmed diagnosis? .... Was there an autopsy? ....

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) W. A. Dairs, M. D.
(Address) Macon Mo

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPL

S-7353