

REC'D APR 4 1938

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

Do not use this space.

1. PLACE OF DEATHCounty FranklinRegistration District No. 297File No. 10664

Township

Primary Registration District No. 3016Registered No. 31City Washington(No. St. Francis Hospital)

St. _____ Ward)

2. FULL NAMEUnnamed Vanler 546(a) Residence, No. St. Clair, Mo. St. _____ Ward. St. Clair, Mo.

(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**Female**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**stillbirth**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)**March 7, 1938**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION**8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.****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)**Washington Mo.**FATHER****13. NAME**Olmer Edna Vanler**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**Richwoods Mo.**MOTHER****15. MAIDEN NAME**Selma May Willis**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**St. Clair Mo.**17. INFORMANT (ADDRESS)**Olmer Vanler, St. Clair, Mo.**18. BURIAL, CREMATION, OR REMOVAL**PLACE St. Clair Mo. DATE 3-7-1938**19. UNDERTAKER (ADDRESS)**Mr. Casey & Co. St. Clair, Mo.**20. FILED**Mar. 7 - 1938H. A. May

Registrar.

MEDICAL CERTIFICATE OF DEATH**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** March 7, 1938**22. I HEREBY CERTIFY, That I attended deceased from** March 7, 1938, to March 7, 1938I last saw Stillborn, 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:

Stillborn

Date of onset

Other contributory causes of importance:

Name of operation None 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? No

If so, specify _____

(Signed) Frank G. Mays, M. D.270 (Address) 311 2nd St. Washington, 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.

