

REC'D MAY 18 1938

## MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

## 1. PLACE OF DEATH

County ButlerRegistration District No. 89Township Poplar BluffPrimary Registration District No. 3007City Poplar Bluff (No. 2)

Luoy Lee Hospital

File No. 14139Registered No. 75

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Forrest Claude Vance 520(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. Champaign, Illinois  
(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) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Ella May Vance6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 7, 18857. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
52 9 27OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manufacturer  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School-room Equip.  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_12. BIRTHPLACE (CITY OR TOWN) Champaign, 1  
(STATE OR COUNTRY) Illinois13. NAME Pleasant Vance 114. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ 1  
(STATE OR COUNTRY) West Virginia15. MAIDEN NAME Amanda Roberts16. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Harrison, Ohio17. INFORMANT Mrs. Ella May Vance  
(ADDRESS) Champaign, Illinois18. BURIAL, CREMATION, OR REMOVAL  
PLACE Urbana, Illinois DATE April 4, 193819. UNDERTAKER Frank Und. Co.  
(ADDRESS) Poplar Bluff, Mo.20. FILED 4/4 1938 Champaign  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 4, 193822. I HEREBY CERTIFY, That I attended deceased from 3/31, 1938, to 4/4, 1938I last saw him alive on 4/4, 1938. Death is said to have occurred on the date stated above, at 9:35 P.M.

The principal cause of death and related causes of importance were as follows:

ApoplexyDate of onset ?

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Yes 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) J. W. McPherson, M. D.

(Address) \_\_\_\_\_

