

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

Do not use this space.

REC'D MAY 18 1938

1. PLACE OF DEATH

County Adair
Township Rockford
City (No. _____) _____

Registration District No. 99
Primary Registration District No. 5147

File No. 14184
Registered No. 545
St. _____ Ward _____

2. FULL NAME

(a) Residence No. _____ 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-28-1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
70 11 18

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) _____ Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Adair Co Mo.

13. NAME Steven Van Olanda

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oben N. Y.

15. MAIDEN NAME Ellen Jones

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wales 4

17. INFORMANT J. W. Vand... (ADDRESS) Pala Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Prairie Ridge Apr 17 1938

19. UNDERTAKER Alphonse Rowley (ADDRESS) Pala Mo.

20. FILED April 23 1938 Mrs Wylie Thompson Registrar. 10-3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 8, 1938, to April 16, 1938

He/she was alive on April 15, 1938. Death is said to have occurred on the date stated above, at 4:31 P.M.

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

Cerebral Hemorrhage Rpt. into Date of onset 4-8-38

Other contributory causes of importance: Hypertension

Lobar Pneumonia Rpt. into 4-10-38

Name of operation _____ Date of _____
What test confirmed diagnosis? Chrom Was there an autopsy? Yes

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) E. H. Wilbur, M. D.
(Address) Pala Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. If unknown, state so. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

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