

MISSOURI STATE BOARD OF HEALTH

Do not use this space.

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

AUG 24 1938

1. PLACE OF DEATH

35 County Dunklin
3 Township Buffalo
0 City Cardwell (No. 1)

Registration District No. 283
Primary Registration District No. 4767

File No. 25226
Registered No. 341 St. _____ Ward _____

2. FULL NAME

Vandemeter Brice Utley

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 5 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

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) Martha Ann Utley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 10 1858

7. AGE YEARS 79 MONTHS 10 DAYS 10 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Minister Retire

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retire

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) Kentucky

13. NAME DUK

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

15. MAIDEN NAME DUK

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

17. INFORMANT J. B. Utley (ADDRESS) Swath

18. BURIAL, CREMATION OR REMOVAL PLACE Malden DATE May 22 1938

19. UNDERTAKER Mc Daniel Und Co. (ADDRESS) Swath

20. FILED 7-10 1938 Registrar J. H. Houser

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 20 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 19 1936 to May 20 1938

I last saw him alive on May 20 1938. 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:

Thrombosis
Arteriosclerosis
Other contributory causes of importance: 9413-

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? No
If so, specify Jeffrey French! M. D.
(Signed) Cardwell (Address) _____

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

501-22-36

