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.

REC'D SEP 27 1938

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

Do not use this space.

29682

1. PLACE OF DEATH
County: Pettis — Registration District No. 665
Township: Houstonia — Primary Registration District No. 4398
City: Houstonia (No. ... St. ... Ward)

File No. ...
Registered No. ...

2. FULL NAME: Christopher Franklin Vanata

(a) Residence, No. ... St., ... Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 72 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): Married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF (OR) ~~WIFE OF~~: Emma Vanata

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 8 - 1864

7. AGE: Years 73 — Months 10 — Days 28 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Merchant
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): Aug 1935
11. Total time (years) spent in this occupation: 40 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Stark County Ohio

FATHER
13. NAME: Gilbert Vanata
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Stark County Ohio

MOTHER
15. MAIDEN NAME: Louisa Falkerth
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Stark County Ohio

17. INFORMANT (ADDRESS): Mrs Emma Vanata Houstonia Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Houstonia DATE: Aug 7 1938

19. UNDERTAKER (ADDRESS): W. C. Westbrook Houstonia Mo

20. FILED: Aug 10 - 1938 Mrs J. B. Warren Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 6 1938

22. I HEREBY CERTIFY, That I attended deceased from ..., 1938, to Aug 5, 1938

I last saw him alive on Aug 3, 1938. Death is said to have occurred on the date stated above, at 5 a.m.

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

	Date of onset
Hundbach injury	1867
Lobar Pneumonia	
Apoplexy	

Other contributory causes of importance: Age & Infirmity

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 ...

(Signed) O. L. Parkhurst, M. D.
(Address) Houstonia

ECEIVED
District Health Officer No. 8,
District File Number
Date Filed 9/7/38