

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

Do not use this space.

NOV 14 1938

35778

1. PLACE OF DEATH

County Greene
Township Prenton
City Prenton

Registration District No. 328
Primary Registration District No. 3017

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 416 West 14th St., 2nd Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 58 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) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma Stafford

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 18 - 1844

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hra. ormin.
	<u>93</u>	<u>10</u>	<u>10</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Carriage mfr.

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

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) Concecon Ontario, Canada

13. NAME Levin Wanamaker

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

15. MAIDEN NAME Effie Euphemia VanTassel

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

17. INFORMANT Dr. Earl Wanamaker (ADDRESS) Prenton Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE 2007 Emily DATE Oct 20 1938

19. UNDERTAKER Hemley Funeral Home (ADDRESS) Prenton Missouri

20. FILED 10-29-38 Irene D. Fair Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/28, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1938, to 10/28, 1938

I last saw him alive on Oct 1, 1938 Death is said to have occurred on the date stated above, at about 11 am.

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

Carcinoma of prostate Date of onset now

Other contributory causes of importance: 51

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? No

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) D. R. Rocks, M. D.
(Address) Prenton 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.

