

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.

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

Do not use this space.

DEAD JAN 18 1938

1. PLACE OF DEATH

County *Wapayette* 2

Township *Shelton* 1

City *West Okemba* (No. ....)

Registration District No. *464*

Primary Registration District No. *3627*

File No. *43607*

Registered No. *64*

2. FULL NAME *Sidney E. Vance*

(a) Residence, No. .... St., .... Ward. ....

(Usual place of abode)

St., .... Ward. ....

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *66* yrs. — mos. — ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *female*

4. COLOR OR RACE *white*

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *widowed*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Josephus Vance*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 11, 1852*

7. AGE YEARS MONTHS DAYS

*86*

*5*

*5*

If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *at home*

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) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Okemba, Mo.*

MOTHER FATHER

13. NAME *David Reed*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Okemba, Mo.*

15. MAIDEN NAME *Eliza Summers*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *not known*

17. INFORMANT *Joe Vance*

(ADDRESS) *Wapayette Mo.*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Okemba Cem.* DATE *12/18* 19*38*

19. UNDERTAKER *L. E. Sherman*

(ADDRESS) *Okemba*

20. FILED *12/17* 19*38* *Mrs E. M. Goodwin*

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec 16* 19*38*

22. I HEREBY CERTIFY, That I attended deceased from *on Dec 12* 19*38*

I last saw him alive on *Dec 13* 19*38* Death is said to have occurred on the date stated above, at *4A* Am.

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

*Influenza*

Date of onset

Other contributory causes of importance:

*Smoking*

Name of operation *clinical* Date of *no*

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? .....

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) *R. Schooley*

(Address) *Okemba Mo.*

M. D.

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 1/2/39