

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

10114
 Do not use this space.

APR 11 1939

1. PLACE OF DEATH

(a) County Buchanan, Registration District No. 85
 (b) Township Washington Primary Registration District No. 1001 Registered No. 272
 (c) City St. Joseph, (d) Street No. St. Joseph's Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. 5 mos. 3 ds. (f) How long in U. S., if of foreign birth 37 yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 504 Maud Vance, St. Denver, Colorado,
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Chester P. Vance,
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 6th, 1839
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 49 6 9

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home,
 9. Industry or business in which work was done, as 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) London, 14
 (STATE OR COUNTRY) England, 14

FATHER 13. NAME Andrew Mathers, 14

14. BIRTHPLACE (CITY OR TOWN) London, 14
 (STATE OR COUNTRY) England, 14

MOTHER 15. MAIDEN NAME Martha Boyer,

16. BIRTHPLACE (CITY OR TOWN) London,
 (STATE OR COUNTRY) England,

17. INFORMANT Mrs Martha Mathers
 (ADDRESS) 2910 Mitchell Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Jo. Mem. Park DATE March 17, 1939

19. FUNERAL DIRECTOR (NAME) Heaton-Brown & Brown
 (ADDRESS) 319 S. 10th. Str. Jones at Home

20. FILED Mar. 17, 1939 H. J. Nestebush
 Local Registrar. 10

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 15, 1939
 22. I HEREBY CERTIFY, That I attended deceased from Jan 13, 1939, to Mar. 15, 1939.
 Last saw alive on Mar. 15, 1939. Death is said to have occurred on the date stated above, at 6:10 p.m.
 The principal cause of death and related causes of importance were as follows:

Met. Carcinoma of lung - Jan 12/9
Recs - (secondary)
53
 Date of onset Sept 1938
 Other contributory causes of importance: Carcinoma of right kidney

Name of operation None Date of no
 What test confirmed diagnosis? Biopsy 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) Donald L. Anderson, M. D.
 (Address) St. Joseph, 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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, Mar. 15, 19

or by

Registered Apprentice No....., working under my personal supervision.

Signed

W. E. Summerfield

Licensed Embalmer No. 3007

P. O. Address 319 So. 10th St. Jasper

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.