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 APR 25 1939

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

Do not use this space.

File No. 11624

Registered No. .....

1. PLACE OF DEATH

County: Pettis

Township: Pettis

City: 324 (No.) 5777 St. ..... Ward)

Registration District No. .....

Primary Registration District No. 580

2. FULL NAME: Mattie E Vance

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Chas A. Vance

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug 31-1863

7. AGE: Years 75 | Months 5 | Days 11 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: housewife
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN): Odessa
(STATE OR COUNTRY): Mo

PARENTS

10. NAME OF FATHER: Josiah Williams

11. BIRTHPLACE OF FATHER (CITY OR TOWN): .....
(STATE OR COUNTRY): Penn

12. MAIDEN NAME OF MOTHER: U K

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): .....
(STATE OR COUNTRY): U K

14. INFORMANT: Chas A Vance 57 yrs
(Address): Centralia, Mo Rt

15. FILED: 3/3, 1939 Mrs Dora Thompson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 3-2 1939

17. I HEREBY CERTIFY, That I attended deceased from Jan 28, 1939, to Mar 2, 1939, that I last saw h. alive on Mar 12, 1939, and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
(duration) about 6 years

CONTRIBUTORY (SECONDARY): Senility
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED: Home
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Phys Exam
(Signed) [illegible], M. D
, 19 (Address) Centralia

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Centralia Mo. Cem — DATE OF BURIAL: Mar 4 1939

20. UNDERTAKER: M & McDonald — ADDRESS: Centralia, Mo

RECEIVED
District Health Officer No. 10
District File Number 10-39-629
Date Filed APR 11 1939