

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.

JUL 17 1939

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

## 1. PLACE OF DEATH

County Ballwin  
 Township Ballwin  
 City St. Louis

Registration District No. 66  
 Primary Registration District No. 4038

File No. 21491  
 Registered No. 29  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residence, No. \_\_\_\_\_  
 (Usual place of abode)

St. \_\_\_\_\_ Ward \_\_\_\_\_

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF <u>Willie H. Van Amburgh</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>7-24-1940</u>		
7. AGE <u>78</u>	YEARS <u>10</u>	MONTHS <u>20</u>
DAYS <u>20</u>		If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Physician</u>
	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) <u>April 1939</u>
11. Total time (years) spent in this occupation <u>53 1/2</u>	

12. BIRTHPLACE (CITY OR TOWN) <u>Near Jackson</u> (STATE OR COUNTRY) <u>Cape Girardeau, Missouri</u>
---

13. NAME <u>Benjamin Van Amburgh</u>
--------------------------------------

14. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) _____
---

15. MAIDEN NAME <u>Mary Ford</u>
----------------------------------

16. BIRTHPLACE (CITY OR TOWN) <u>Virginia</u> (STATE OR COUNTRY) _____
---

17. INFORMANT <u>Mrs. J. R. Van Amburgh</u> (ADDRESS) <u>St. Louis, Mo.</u>
--

18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Jackson, Mo.</u> DATE <u>6-18</u>
---

19. UNDERTAKER <u>McCombs Furniture &amp; Undertaking Co.</u> (ADDRESS) <u>Jackson, Mo.</u>
--

20. FILED <u>June 20, 1939</u> <u>Willie H. Van Amburgh</u> Registrar
--

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-15, 193922. I HEREBY CERTIFY That I attended deceased from April 5 - 1939, to January 15 the 1939I last saw him alive on April 15, 1939. Death is said to have occurred on the date stated above, at 8:12 a.m.

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

Chr. CholecystitisDate of onset April 4, 1939

Other contributory causes of importance:

Name of operation cholecystectomy Date of \_\_\_\_\_What test confirmed diagnosis? symptoms Was there an autopsy? no23. 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?

If so, specify \_\_\_\_\_

(Signed) E. R. Schuch, M. D.(Address) Cape Girardeau, 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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

21491

Do not use this space.

1. PLACE OF DEATH

(a) County Bollinger Registration District No. 66  
(b) Township Lutesville Primary Registration District No. 4038 Registered No. \_\_\_\_\_  
(c) City Lutesville (d) Street No. \_\_\_\_\_  
(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. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John Albert Van Amburgh

(a) Residence, No. \_\_\_\_\_ St. ☐ (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) \_\_\_\_\_  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
78 10 20  
OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. \_\_\_\_\_  
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) (STATE OR COUNTRY) \_\_\_\_\_

FATHER 13. NAME \_\_\_\_\_  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) near Hamburg  
Scott, Co. Mo.

MOTHER 15. MAIDEN NAME \_\_\_\_\_  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT (ADDRESS) \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL  
PLACE \_\_\_\_\_ DATE \_\_\_\_\_ 19 \_\_\_\_\_

19. FUNERAL DIRECTOR (ADDRESS) \_\_\_\_\_

20. FILED June 23, 1939 Thelma H. Van Amburgh  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-18-1939

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Date of onset \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

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? \_\_\_\_\_

If so, specify \_\_\_\_\_ (Signed) G. B. Schultz, M. D.

(Address) Cape Girardeau Mo

