REC'D JUL 20 1939

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

22753
Do not use this space.

1. PLACE OF DEATH
(a) County Monty 2
(b) Township Pierce 1
or
(c) City
Registration District No. 597
Primary Registration District No. 5789
Registered No. 15
(d) Street No. 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. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 515 Clorence Lee Vonvain
(a) Residence, No. St.
(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 M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 28 1939
7. AGE YEARS X MONTHS 2 DAYS .20 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Infant
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) Middletown Mo. O

FATHER
13. NAME Jno Vonvain O
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Middletown Mo O

MOTHER
15. MAIDEN NAME Alta Maria Sinla
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Middletown Mo.

17. INFORMANT (ADDRESS) John Vonvain Middletown Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Gamma DATE June 17 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Pritchett Kuhne Middletown, Mo.
20. FILED 6/17 1939 Leah Kigg Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 16th, 1939
22. I HEREBY CERTIFY, That I attended deceased from June 13, 1939, to June 16th, 1939
I last saw him alive on June 16, 1939. Death is said to have occurred on the date stated above, at 2 P m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Acute Gastro ~~Inte~~ Enteritis

114 lb

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Vidrish 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) C. Hirsch, M. D.
521 (Address) Middletown, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

70

7

I X16805

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, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

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