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

Do not use this space.

REC'D OCT 1? 1939

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1. PLACE OF DEATH
County Daviess
Township Jefferson
City ..... (No. ..... St. ..... Ward)

Registration District No. 255
Primary Registration District No. 5357

File No. 32284
Registered No.

2. FULL NAME 240 William Henry Vegely

(a) Residence, No. Jefferson Township St., ... Ward. .....
(Usual place of abode) Winston, Mo (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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-17-1939

7. AGE: Years 0 | Months 0 | Days 0 | If LESS than 1 day, ... hrs. or 10 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
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) Daviess Co. Mo

FATHER

13. NAME John Charles Vegely
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Joseph, Mo

MOTHER

15. MAIDEN NAME Lillian Riggs.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas

17. INFORMANT John Charles Vegely
(ADDRESS) Winston, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Winston, Mo DATE Sept 17th 39, 19

19. UNDERTAKER Miss Kate Stoup
(ADDRESS) Winston, Mo

20. FILED Sept 17th, 39, 19 F. W. Wilson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 17th, 19 39

22. I HEREBY CERTIFY, That I attended deceased from Sept 17th 39, 19 to Sept 17th 39, 19
I last saw him alive on Sept 17th 39, 19 Death is said to have occurred on the date stated above, at 9.50A m.
The principal cause of death and related causes of importance were as follows:

Premature . 7 months. | Date of onset

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Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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? .....
If so, specify .....
(Signed) Fred W. Wilson, M. D.
(Address) Winston, Mo

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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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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RECEIVED
District Health Officer No. 11
District File Number 1039-1277
Date Filed OCT 11 1939