

FILED APR 12 1940

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

Do not use this space.

1. PLACE OF DEATH

County Cape Girardeau
Township "
City St. Francis Hospital (No. 351)

Registration District No. 120
Primary Registration District No. 3009

File No. 10499
Registered No. 90
St. _____ Ward _____

2. FULL NAME

John A. Vandever, 1

(a) Residence No. 821 Broadway 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. 0 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 31 - 1866

7. AGE YEARS MONTHS DAY IF LESS than 1 day,hra. ormin.
73 9 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Merchant

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) Holland 7

13. NAME William Vandever

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holland 7

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT Geo. Vandever (ADDRESS) Cape Girardeau Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys bur. DATE Mar 4th 1940

19. UNDERTAKER Welfthus. Und. Co (ADDRESS) Cape Girardeau Mo

20. FILED 3-1 1940 J. M. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 1 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb. 26 1940, to March 1 1940

I last saw him alive on March 1 1940 Death is said to have occurred on the date stated above, at 8:40 a.m.

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

Cerebral Apoplexy Date of onset 2-26-40
of 70's

Other contributory causes of importance: Arterial sclerosis and hypertension 7-21-38

Name of operation none Date of _____

What test confirmed diagnosis? examined 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) P. O. Ritter M. D. (Address) Cape Girardeau Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING. V. S. 10-22-36 1614 X9314

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very impor-

OCT 16 1943

NOV 21 1943

DEC 22 1944

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10499

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 125

Primary Registration District No. 3009

Registrar's No.

R

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County. Cape G. S.
(b) City or town. Cape G. S.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether
In this community. years, months or days)

3. (a) PRINT FULL NAME. John A Vandever

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced. M

6. (b) Name of husband or wife. LENA 6. (c) Age of husband, or wife, if alive. year

7. Birth date of deceased. (Month) (Day) (Year)

8. AGE: Years 73 Months 9 Days 10 If less than one day hr. min.

9. Birthplace. (City, town, or county) (State or foreign country)

MOTHER FATHER

10. Usual occupation.

11. Industry or business.

12. Name.

13. Birthplace. (City, town, or county) (State or foreign country)

14. Maiden name.

15. Birthplace. (City, town, or county) (State or foreign country)

16. (a) Informant.

(b) Address.

17. (a) (Burial, cremation, or removal) (b) Date thereof. (Month) (Day) (Year)

(c) Place: burial or cremation.

18. (a) Signature of funeral director.

(b) Address.

19. (a) 5-10-42 (Date received local registrar) (b) J. M. Thompson (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County
(c) City or town. (If outside city or town limits write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A. years.

20. DATE OF DEATH. Month Mar day 1 year 1940 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19 that I last saw him alive on and that death occurred on the date and hour stated above.

Immediate cause of death.

Due to.

Due to.

Other conditions. (Include pregnancy within 3 months of death)

Major findings: Of operations.

Of autopsy.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).

(b) Date of occurrence.

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) While at work (a) Means of injury.

23. Signature. P. A. Ritter (M. D. or other)

Address. Cape Girardeau Date

MEDICAL CERTIFICATION

SUPPLEMENTAL

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.