

SEP 25 1940

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

Do not use this space.

29911

1. PLACE OF DEATH

County Sullivan Registration District No. 8524511 File No. \_\_\_\_\_  
Township Boon Primary Registration District No. 6120 Registered No. \_\_\_\_\_  
City Milan (No. 530) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Use the word) Widowed

5A. IF MARRIED, WIDOWER, OR DIVORCED HUSBAND OF (OR) WIFE OF James Madison Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 26, 1860

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
80 5 21

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

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) Boonville, Missouri

FATHER 13. NAME George Vandiver

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER 15. MAIDEN NAME Susan Higdon

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Mrs. Ray Locke

18. BURIAL, CREMATION, OR REMOVAL (ADDRESS) Oakwood Cem. DATE Aug 18, 1940

19. UNDERTAKER (ADDRESS) Schreyer

20. FILED Sept 1 1940 Cleo Hagan Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 16, 1940

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1940, to Aug 16, 1940

Last seen alive on Aug 17, 1940. Death is said

to have occurred on the date stated above, at 9 a.m.

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

Cerebral Hemorrhage Date of onset 8/1/40

Other contributory causes of importance: Hypertension

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? None Was there an autopsy? No

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) W. H. Jackson, M. D.

(Address) Milan, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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RECEIVED

District Health Officer No. 10

District File Number 9-40-1769

Date Filed SEP 10 1940