

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

Do not use this space.

1052

1. PLACE OF DEATH

County Henry
Township Bear Creek
City..... (No.....) Ward.....

Registration District No. 362
Primary Registration District No. 5484

File No.....
Registered No. 7 St..... Ward.....

2. FULL NAME

Rebecca Vanvacter

(a) Residence No..... St..... Ward.....
(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 25, 1846

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
84 11 15

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife 2000
(b) General nature of industry, business, or establishment in which employed (or employer) -
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY) Tennessee 2

PARENTS

10. NAME OF FATHER Ben Hartley

11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... (STATE OR COUNTRY) Virginia

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... (STATE OR COUNTRY) Virginia

14. INFORMANT Minor Vanvacter (Address) Montrose Mo

15. Jan 10, 1931 J M Miller REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 10, 1931

17. I HEREBY CERTIFY, That I attended deceased from....., 19....., to....., 19....., that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at..... 8:20 a.m. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:**

She died suddenly by a Physician, natural cause

CONTRIBUTORY (SECONDARY) 2000 (duration)..... yrs..... mos..... da.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

8 WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) J M Miller M. D. (Address) Montrose Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Bear Creek DATE OF BURIAL Jan 11, 1931

20. UNDERTAKER Ben Hartley ADDRESS Montrose

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.

RECORD

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PARENTS

15

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