

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.

THIS IS A PERMANENT RECORD

JAN 26 1934
42

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

Do not use this space.
39861

1. PLACE OF DEATH
 County Heleny Registration District No. 355
 Township Walker Primary Registration District No. 5498
 City..... (No.) St. Ward.....
 2. FULL NAME Elsia May Vanoster
 (a) Residence, No. St. Ward.....
 (Usual place of abode)
 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. (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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 16, 1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
44 — 10

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 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) all her life 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO

FATHER
 13. NAME Frank Nowel
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO

MOTHER
 15. MAIDEN NAME Nancy T. Reynolds
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO

17. INFORMANT Frank Nowel (ADDRESS) Montrose MO.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Stones Chapel DATE Dec 28, 1933

19. UNDERTAKER J. Reynolds (ADDRESS) Montrose MO.

20. FILED 1-2 1934 WEB Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 26, 1933 to Dec. 26, 1933
 I last saw her dead Dec. 26, 1933 Death is said to have occurred on the date stated above, at J. P.
 The principal cause of death and related causes of importance were as follows:
She was dead when I arrived. Date of onset 73
2005
 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? L Date of injury L, 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) J. M. Miller, M. D.
 (Address) Montrose MO

