

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

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.

NOV 28 1936

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

Do not use this space.

37477

1. PLACE OF DEATH

County Meriway
Township Clinton
City Clinton (No.)

Registration District No. 347
Primary Registration District No. 3018

File No.
Registered No.
St. Ward)

2. FULL NAME

(a) Residence, No. 311 W. Frem. 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. mus. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thomas David Vansant

7. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 22-1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
57 11 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
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) Near Lakeview Mo.

13. NAME William Keys

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

15. MAIDEN NAME Mary Hudson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pitts Co - Mo

17. INFORMANT (ADDRESS) W. A. Vansant Clinton, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Englewood DATE Oct 21 1936

19. UNDERTAKER (ADDRESS) Consolidated Peck Clinton, Mo

20. FILED 10-24-36 1936 J. R. Hampton

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 20 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 15 1936, to Oct 20 1936
I last saw her alive on Oct 15 1936 Death is said to have occurred on the date stated above, at 5a m.
The principal cause of death and related causes of importance were as follows:

Cerebral thrombosis Date of onset Nov/35

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Clinical 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) S. P. Hughes M. D.
(Address) Clinton, Mo.

