

MAR 19 1937

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

Do not use this space.

6034

1. PLACE OF DEATH

42 County Benton Henry Registration District No. 355
Township West White Davis Primary Registration District No. 5497
City Sonia Lewis St. _____ Ward _____

File No. _____
Registered No. 1

2. FULL NAME

Annie Florence Vansant

(s) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 8 yrs. 8 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 OF (OR) WIFE OF Joel H. Vansant

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 7, 1873

7. AGE YEARS 63 MONTHS 4 DAYS 6 If LESS than 1 day, _____ hrs. or _____ min.

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) Sonia, Mo.

13. NAME Henry James Willis

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

15. MAIDEN NAME Nancy Jane Robertson

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

17. INFORMANT (ADDRESS) Mrs. Nellie Wharton
Sonia Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Beau Creek DATE 2/14/37

19. UNDERTAKER (ADDRESS) Consulars & Co.

20. FILED 2-18 1937 W E Baggerly Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 13 1937

22. I HEREBY CERTIFY, That I attended deceased from May 27 1936, to Dec 21 1936
I last saw h. alive on Dec 21 1936. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

subtil dysentery & pulmonary pneumonia
falling pneumonia
Date of onset Jan 36

Other contributory causes of importance: 121

Name of operation _____ of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

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? Yes
If so, specify _____
(Signed) S B Hughes, M. D.
(Address) Clinton, Mo.

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.

OCCUPATION
FATHER
MOTHER

X7294

1937 2-13

1873 - 8-7

63 - 4-6

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