

JAN 18 1938

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

Do not use this space.

1. PLACE OF DEATH

42 County Waukegan
Township Bear Creek
City _____ (No. _____)

Registration District No. 355
Primary Registration District No. 5494

File No. 45506
Registered No. 9

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary E. Vangorden</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 1, 1868</u>				
7. AGE	YEARS <u>69</u>	MONTHS	DAYS <u>16</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>farmer</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>1</u>			
	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) <u>Waukegan, Mo</u>				
FATHER	13. NAME <u>Malvin P. Vangorden</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>			
MOTHER	15. MAIDEN NAME <u>Barah Long</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Miller Co, Mo</u>			
17. INFORMANT <u>Mary E. Vangorden</u> (ADDRESS) <u>Montrose Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Montrose Cemetery</u> <u>12-20</u> 19 <u>37</u>				
19. UNDERTAKER <u>S. B. & S. B. Sennett</u> (ADDRESS) <u>Montrose Mo</u>				
20. FILED <u>12-22</u> 19 <u>37</u> <u>W. E. Biggerly</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 1934, to Dec 17, 1937

I last saw him alive on Dec 17, 1937. Death is said to have occurred on the date stated above, at 10:30 p.m.

The principal cause of death and related causes of importance were as follows:
Carcinoma of the rectum Date of onset 1934

Other contributory causes of importance: 46
None

Name of operation Proctectomy Date of 1935
What test confirmed diagnosis? Chimel 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. Home

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. B. Sennett, M. D.
(Address) Montrose Mo.

MISSOURI STATE BOARD OF HEALTH - 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.

