

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

22215  
 Do not use this space.

REC'D JUL 6 1939

**1. PLACE OF DEATH**

(a) County Herry Registration District No. 347  
 (b) Township \_\_\_\_\_ Primary Registration District No. 3018  
 (c) City Clinton (d) Street No. \_\_\_\_\_ St.  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

524 Luther Eugene Vance  
 (a) Residence, No. 805-71-Main St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Colored</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>Janette Vance</u>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 2, 1894</u>			
7. AGE YEARS <u>45</u>	MONTHS <u>0</u>	DAYS <u>4</u>	If LESS than 1 day, ..... hrs. or ..... min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.			
9. Industry or business in which work was done, as saw mill, bank, etc. <u>Labourer</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>Jacksonville Florida</u>			
FATHER	13. NAME <u>Unknown</u>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
MOTHER	15. MAIDEN NAME		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
17. INFORMANT (ADDRESS) <u>Janette Vance 805-71-Main</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Clinton Col. Cemetery</u> DATE <u>6-12-39</u>			
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Clinton</u>			
20. FILED <u>6-24</u> 19 <u>39</u> <u>Dr. J. R. Hampton</u> Local Registrar			

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 9, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 9, 1939 to June 9, 1939  
 I last saw him live on June 9, 1939 Death is said to have occurred on the date stated above, at 11:45 A.M.  
 The principal cause of death and related causes of importance were as follows:  
pulmonary hemorrhage due to chronic pulmonary tuberculosis  
 Date of onset June 9, 1939

Other contributory causes of importance:  
Chronic pulmonary tuberculosis  
 1936

Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis Wright's example Was there an autopsy? Y

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 None  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? Y  
 If so, specify \_\_\_\_\_ (Signed) S. B. Houghton \_\_\_\_\_, M. D.  
300 (Address) Come, Hay City, 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.

42  
4  
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RECEIVED FILED STATE OFFICE  
INDEX CARD RETURNED TO DISTRICT  
DATE 6/19/89

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Lozen H. Anderson

or by

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed

Lozen H. Anderson

Licensed Embalmer No.

3641

P. O. Address

Clinton, Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING! (Failure to comply with the above constitutes grounds for revocation of license.)**

If this body is not embalmed, above space should be left blank.