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

Do not use this space.

17335

JUN 24 1929

1. PLACE OF DEATH
County: Buchanan — Registration District No.: 85 — File No.:
Township: — Primary Registration District No.: 1001 — Registered No.: 635
City: St Joseph (No. 1326 Buchanan St. Ward)

2. FULL NAME: Robert Daniel Van Alstin

(a) Residence. No. 1326 Buchanan St. Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Alice Van Alstin

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 25-1875

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	53	11	19	

8. OCCUPATION OF DECEASED.
(a) Trade, profession, or particular kind of work: Auctioneer
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: No

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY): New York

PARENTS

10. NAME OF FATHER: Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): New York
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Unknown

14. INFORMANT: Mrs. Alice Van Alstin
(ADDRESS) 1326 Buchanan

15. FILED: 1.6 1929 — John G. Wh — REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 14 1929

17. I HEREBY CERTIFY, That I attended deceased from 5/2 9 - 19 29, to 5/14 - 19 29, that I last saw h. alive on 5/14 - 19 29, and that death occurred, on the date stated above, at 11 P - m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Nephritis
131
132
(duration) 4 yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Vascular, High Blood Pressure (duration) 4 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? X

DID AN OPERATION PRECEDE DEATH? No. DATE OF 5/14/29 -

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical

(Signed) A. B. Simmons, M. D
5/16, 1929 (Address) St Joseph Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Ashland Cem — DATE OF BURIAL: 5/17 1929

20. UNDERTAKER: J. C. Shingler — ADDRESS: 216 So 10th

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.

WHEN FILLED, WITH STRAIGHT INK, THIS IS A PERMANENT RECORD