31617-a

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

Do not use this space.

31647-a

1. PLACE OF DEATH

County RANDOLPH — Registration District No. 733 — File No.

Township ~~SALT SPRING~~ — Primary Registration District No. 4438 — Registered No. 42

City HUNTSVILLE (No. ..... St. ..... Ward)

2. FULL NAME CHARLES DANNER VASSE SR.

(a) Residence. No. EAST-ELM St., 4th Ward. (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. ✓ mos. ✓ ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): SINGLE

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7-13-1845

7. AGE: 84 YEARS, 2 MONTHS, 12 DAYS. If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work MERCHANT
(b) General nature of industry, business, or establishment in which employed (or employer) DRY-GOOD'S CLOTHING
(c) Name of employer C. D. VASSE - CO

9. BIRTHPLACE (CITY OR TOWN) NEAR-WINCHESTER (STATE OR COUNTRY) VIRGINIA

PARENTS

10. NAME OF FATHER JOSEPH-AMBROSE VASSE
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Va
12. MAIDEN NAME OF MOTHER MARY-EMILY-JACKSON
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) NEAR- (STATE OR COUNTRY) WINCHESTER-VIRGINIA

14. INFORMANT C. D. VASSE-JR. (Address) #7110-BENSON MOBERLY MO

15. Dec 20, 1929 G G Bragg REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 25 1929

17. I HEREBY CERTIFY, That I attended deceased from July, 1929, to Sept 25, 1929, that I last saw h... alive on Sept 25, 1929, and that death occurred, on the date stated above, at 13 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Arterial Sclerosis

97

(duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) D A Bamhart, M.D.

, 19 (Address) Huntsville 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: Huntsville Cemetery — DATE OF BURIAL: Sept 2 1929

20. UNDERTAKER: Tom B Patton — ADDRESS: Huntsville Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. ... information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state