

MAR 25 1931

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

Do not use this space.

10838

3

File No.

Registered No. 3

1. PLACE OF DEATH

County Monroe CoRegistration District No. 586Township South ForkPrimary Registration District No. 5784City

St. Ward)

2. FULL NAME W. H. Vandandinghans

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mattie Vandandinghans6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1859-3-67. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 71 11 298. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 1

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) Life time 11. Total time (years) spent in this occupation12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe Co Mo13. NAME G. W. Vandandinghans14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo15. MAIDEN NAME Baxter16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo17. INFORMANT (ADDRESS) Charles W. Vandandinghans18. BURIAL, CREMATION, OR REMOVAL PLACE Antioch Cem DATE March 6 193119. UNDERTAKER (ADDRESS) Snyder Hanger20. FILED Feb 11 1931 Office B. Drake Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-4 193122. I HEREBY CERTIFY, That I attended deceased from 2-21-1931 to 2-24-1931Last saw him alive on 2-24-1931. Death is saidto have occurred on the date stated above, at 12:00 noon

The principal cause of death and related causes of importance were as follows:

Asthma Date of onset

112

Other contributory causes of importance:

112

Name of operation None Date ofWhat test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in and the following:

Accident, suicide, or homicide? None Date of injury None, 19...Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury NoneNature of injury None24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify B. A. Reynolds D.D.(Signed) B. A. Reynolds D.D. M. D.(Address) Garfield, 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.

