

WRITE PLAINLY, WITH UNFADING INK---THIS IS 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.

MAY 2 3 1931

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

Do not use this space.

13964

1. PLACE OF DEATH
County Howard, Registration District No. 378
Township _____ Primary Registration District No. 4222
City Fayette, (No. _____) St. _____ Ward _____
2. FULL NAME Elizabeth H, Vandiver
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Widowed.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Lewis H Vandiver. (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) #
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin. 84 about
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) _____ 11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 1
13. NAME Andrew Smith.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky 2
15. MAIDEN NAME Dencilla Winters.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
17. INFORMANT Billy G. Canole. (ADDRESS) Fayette, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Clarks Chapel, DATE Apr. 24 1931
19. UNDERTAKER Guy T. Halloy. (ADDRESS) Fayette, Mo.
20. FILED May 2 1931 V. O. Bohann Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/22/31 1931
22. I HEREBY CERTIFY, That I attended deceased from Jan 3 1931, to Apr. 22 1931
I last saw him alive on Apr. 18 1931. Death is said to have occurred on the date stated above, at 2 P. m.
The principal cause of death and related causes of importance were as follows:
Cerebral
Stomach
4610
Other contributory causes of importance: none
Date of onset 1931
9
Name of operation _____ Date of _____
What test confirmed diagnosis? Cholera 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.
Manner of injury _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) J. E. Richards, M. D.
(Address) Fayette Mo

