

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

Do not use this space.

4696

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No. Rockhill Manor)

Registration District No. 250
Primary Registration District No. 500

File No. 500
Registered No. 500
St. _____ Ward _____

2. FULL NAME

J. Riley Vansant

(a) Residence. No. Rockhill Manor St. 6 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

MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 8, 1932

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

17. I HEREBY CERTIFY, That I attended deceased from July 5, 1921 to Feb 8, 1932 that I last saw him alive on Feb 8, 1932, and that death occurred, on the date stated above, at 12:15 A.M.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) October 14, 1871

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 60 3 24

Barren of the lungs
473

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Vansant Construction Co.
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

CONTRIBUTORY (SECONDARY) 473 (duration) yrs. mos. ds. 7 4

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Pennsylvania

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

10. NAME OF FATHER William J. Vansant

DID AN OPERATION PRECEDE DEATH? NO DATE OF _____

WAS THERE AN AUTOPSY? NO

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Maryland

WHAT TEST CONFIRMED DIAGNOSIS X-ray
(Signed) D. J. Simpson M. D.

12. MAIDEN NAME OF MOTHER Not known

79, 1932 (Address) 1216 Pittsford Bldg.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Not known

*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.

14. INFORMANT Mrs. Celia Vansant
(Address) Rockhill Manor

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Place of Stone + McPherson DATE OF BURIAL 2-10-1932

15. FILED 3/10/32 M. M. Crowe REGISTRAR
Assn

20. UNDERTAKER Stone + McPherson ADDRESS 3235 Killham Place

No. 2—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.

