

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.

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

Do not use this space.

MAY 25 1934

1. PLACE OF DEATH
County Buchanan, Registration District No. 85
Township..... Primary Registration District No. 1001
City St. Joseph, (No. 602 North 25th. St. Ward)

File No. 12020
Registered No. 499

2. FULL NAME Irving A. Vant,
(a) Residence, No. 602 North 25th. St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 26 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) Married,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 13, 1877
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 63 2 13
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Banker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bank
10. Date deceased last worked at this occupation (month and year) April 1934 11. Total time (years) spent in this occupation 41

8A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dollie A. Vant,

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Milford, Massachusetts,
13. NAME Dexter P. Vant,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Milford, Massachusetts,
15. MAIDEN NAME Emily Gould,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Massachusetts,

17. INFORMANT (ADDRESS) Mrs. J. A. Vant 602 North 25th. St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Chicago, Ills. DATE April 30, 1934

19. UNDERTAKER (ADDRESS) Wheeler-Bellale & Bowman 319 S. 10th St. General House

20. FILED APR 28 1934 John R. Benders Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 26, 1934
I HEREBY CERTIFY, That I attended deceased from May 10, 1933 to April 26, 1934
I last saw him alive on April 26, 1934. Death is said to have occurred on the date stated above, at 6:30 p. m.

The principal cause of death and related causes of importance were as follows:
Coronary Thrombosis Date of onset March 10/33
943
94
Other contributory causes of importance:
Atherosclerosis - General 1929.

Name of operation None Date of 1934
What test confirmed diagnosis? Clinical Was there an autopsy? Yes

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 Clearer & Land, M. D.
(Signed) St. Joseph Mo
(Address) St. Joseph Mo

