

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

Do not use this space.

MAY 25 1934

13714

13514

1. PLACE OF DEATH

County Nodaway
Township Rolla
City Maryville Mo (No. 51)

Registration District No. 628
Primary Registration District No. 3031
St. Francis Hospital

File No. _____
Registered No. 50
St. _____ Ward)

2. FULL NAME

James M. Vert

(a) Residence. No. _____ St. _____ Ward. _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

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

Mattie Robertson Vert

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

11-30-1855

7. AGE

| YEARS | MONTHS | DAYS | If LESS than 1 day, _____ hrs. or _____ min. |
|-----------|----------|-----------|--|
| <u>78</u> | <u>4</u> | <u>29</u> | |

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Washington Iowa

10. NAME OF FATHER

Jacob D. Vert

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

Iud

12. MAIDEN NAME OF MOTHER

Delila J. Madison

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

Iud.

14. INFORMANT (Address)

Delbert Vert
Maryville, Mo

15. FILED

5-1, 1934
Manue & Clardy
REGISTRY

MEDICAL CERTIFICATE OF DEATH

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

4-29 1934

17. I HEREBY CERTIFY, That I attended deceased from
Apr. 9th, 1934, to Apr 28, 1934
that I last saw him alive on Apr 28, 1934, and that death occurred, on the date stated above, at 3 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Broncho-pneumonia
107A

(duration) yrs. mos. 15 ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS none
(Signed) L E Dean, M. D.

, 19 (Address) Maryville 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

DATE OF BURIAL

Oak Hill Cemetery 5-1 1934

20. UNDERTAKER

ADDRESS

Campbell Funeral Home Maryville 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.

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