

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

Do not use this space.

1. PLACE OF DEATH

County Jasper Registration District No. 408 File No. 25045
 Township _____ Primary Registration District No. 3020 Registered No. _____
 City McCune, Brookman Hospital, Carthage, Mo. St. _____ Ward _____

2. FULL NAME

Elmer A. Vorier
 (a) Residence, No. Carthage 19-6 St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Dorothy Niatt</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 19th 1905</u>		
7. AGE YEARS <u>29</u>	MONTHS <u>2</u>	DAYS <u>24</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		
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) <u>Jasper Co. Mo.</u>		
13. NAME <u>Andrew Vorier</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>France</u>		
15. MAIDEN NAME <u>Lavina Aeschlin</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>		
17. INFORMANT <u>Mrs. E. A. Vorier</u> (ADDRESS) <u>Carthage 19-6</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wachman Cemetery July 15th 1934</u>		
19. UNDERTAKER <u>Wm. - Drake</u> (ADDRESS) <u>Carthage, Mo.</u>		
20. FILED <u>July 14 1934</u> <u>L. B. Clinton</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13th 1934

22. I HEREBY CERTIFY That I attended deceased from June 26, 1934, to July 13, 1934.
 I last saw him alive on July 13, 1934. Death is said to have occurred on the date stated above, at 5.00 a.m.
 The principal cause of death and related causes of importance were as follows:
Infection of upper lip Date of onset 6/26/34
General Septicemia
Streptococci

Other contributory causes of importance:
161 B
30

Name of operation none Date of _____
 What test confirmed diagnosis? physical 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.
None

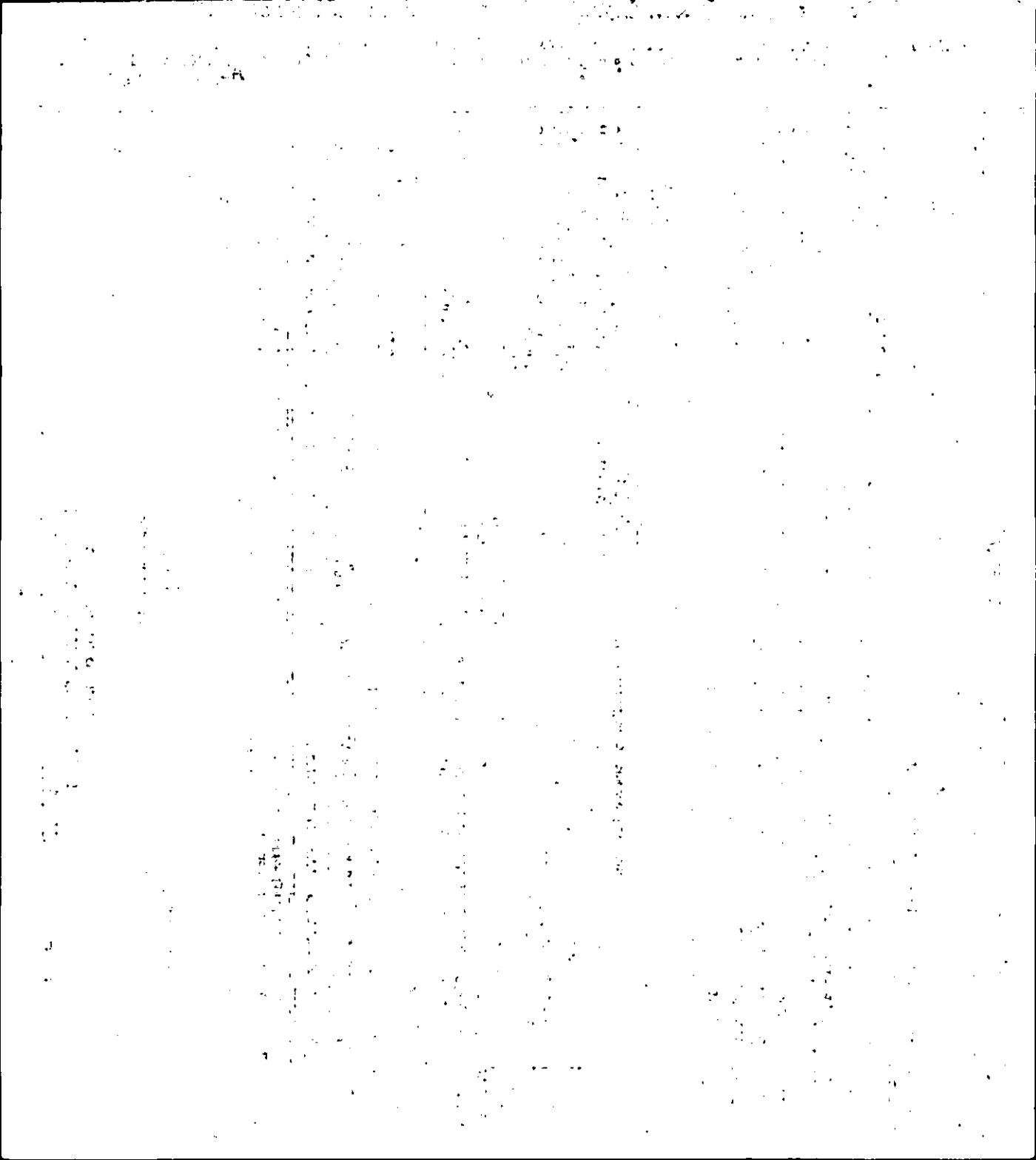
Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) George H. Wood, M. D.
 (Address) Carthage, Mo.

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.

AUG 4 1934



#2

Jasper

DEPARTMENT OF COMMERCE

E. T. McGaugh, M. D.,

BUREAU OF THE CENSUS

Special Agent,

*McCune Brook Hospital
Carthage,*

WASHINGTON

Jefferson City, Mo.

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: *Edmer A. Vanier*
Who died at _____ on *July 13, 1934*
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex *M* Color or race *W* Single, married, widowed or divorced: _____

Date of birth _____ Age: Years _____ Months _____ Days _____

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: *Infection of upper lip*

General Septicemia Streptococci

Started from bump on upper lip, opened & treated by patient

Other contributory causes of importance _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician _____

Address of physician *S. B. Clinton* *Oct. 2, 1934*

Signature of Registrar _____ Date filed _____

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. *408*

Primary Reg. Dist. No. *3020*

Very truly yours,

E. T. McGaugh
M. D.

Special Agent.

S-25045