

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.

FEB 25 1935

1049

1. PLACE OF DEATH

County *Henry*
Township *Bear Creek*
City *Beaumont* (No. *1*)

Registration District No. *352*
Primary Registration District No. *5494*

File No. *1049*
Registered No. *One*
St. *One* Ward

2. FULL NAME *Susan V. Vansant*

(a) Residence, No. *1* St. *One* 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 <i>F</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Married Frank Vansant</i>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>June 20, 1860</i>				
7. AGE	YEARS <i>74</i>	MONTHS <i>6</i>	DAYS <i>14</i>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housewife</i>			
	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) <i>all her life</i>			
11. Total time (years) spent in this occupation				

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Mo</i>
	13. NAME <i>James M. Miller</i>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Kentucky</i>
	15. MAIDEN NAME <i>Antamesia Elledge</i>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Kentucky</i>
	17. INFORMANT <i>J. M. Miller</i>
FATHER	18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Bear Creek</i> DATE <i>Jan. 5, 1935</i>
	19. UNDERTAKER (ADDRESS) <i>Spiegel Bros. Lebanon, Mo</i>
20. FILED <i>Jan 4, 1935</i> <i>J. M. Miller</i> Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan 3, 1935*
22. I HEREBY CERTIFY That I attended deceased from *Dec 28, 1934* to *Jan 3, 1935*
I last saw her alive on *Jan 3, 1935*. Death is said to have occurred on the date stated above, at *12:00 P.M.*

The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia

Date of onset
12.26.34

Other contributory causes of importance:
108
Myocarditis chronic

Name of operation *none* Date of *none*
What test confirmed diagnosis? *Micro* Was there an autopsy?

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. M. Miller*, M. D.
(Address) *Lebanon, Mo*

