NOV 19 1937

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

Do not use this space. Turner

38173

1. PLACE OF DEATH
County Macon — Registration District No. 533 — File No.
Township — Primary Registration District No. 3027 — Registered No. 81
City Macon (No. , St. Ward)

2. FULL NAME Jas H Vestal
(a) Residence, No. St., 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 Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 6 1855
7. AGE YEARS 82 MONTHS 4 DAYS 6 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
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) Chariton Co Mo

FATHER
13. NAME Wm Vestal
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME Millie Gipson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Mrs Harry Fitzpatrick Bevier Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Antioch Cem DATE Oct 13 1937

19. UNDERTAKER (ADDRESS) Albert S Kimmer Macon

20. FILED 11/8 1937 Leota Newton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1937, to Oct 12, 1937
I last saw him alive on Oct 10, 1937. Death is said to have occurred on the date stated above, at 3:15 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis	1935±
Other contributory causes of importance:	
Arterio-Sclerosis	1925±

Name of operation ✓ Date of
What test confirmed diagnosis? Clinical 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) T F Turner, M. D.
(Address) Macon, Mo.

N. B.—Every item of information should be carefully supplied. NOT should be stated. Exact statement of OCCUPATION is very important.
CAUSE OF DEATH in plain terms, so that it may be properly classified.