REC'D MAY 18 1938

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

Do not use this space.

1. PLACE OF DEATH
County Greene — Registration District No. 318 — File No. 14693
Township S Campbell — Primary Registration District No. 5440 — Registered No. 347
City ~~Springfield~~ (No. 1 Federal Hospital St. Ward)

2. FULL NAME VAN GORDER, Hayes ~~2.00~~ 526
(a) Residence, No. St., Ward. Minneapolis, Minn.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 0 yrs. 9 mos. 12 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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Mary Van Gorder

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-31-77

7. AGE: YEARS 60 — MONTHS 7 — DAYS 18 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Post-office clerk
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) 1918
11. Total time (years) spent in this occupation DK

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Potsville, Iowa

FATHER
13. NAME Levis Van Gorder
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

MOTHER
15. MAIDEN NAME Susanah (Cox) Van Gorder
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

17. INFORMANT (ADDRESS) Deceased

18. BURIAL, CREMATION, OR REMOVAL East Lawn
PLACE Springfield, Mo. DATE 4-23-38, 19

19. UNDERTAKER (ADDRESS) Alma Lohmeyer Funeral Home Springfield, Mo.

20. FILED Apr 22, 1938 Chas A George MD Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-19-38, 19

22. I HEREBY CERTIFY, That I attended deceased from July 7, 1937, 19, to Apr. 19, 1938, 19
I last saw him alive on Apr. 19, 1938, 19 Death is said to have occurred on the date stated above, at 10:50 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	DK
Contributory Causes	
Metastatic Carcinoma to Omentum	DK
Chronic Passive Congestion of Liver & Spleen	DK
Other contributory causes of importance:	
Generalized Arteriosclerosis	DK
Athero-scleroma of aortic arch and abdominal aorta	DK

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Name of operation None Date of -
What test confirmed diagnosis? Clinical & autopsy 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 of injury in any way related to occupation of deceased? No
If so, specify T.H. Smith
(Signed) T.H. Smith, A.A. Surgeon, M. D.
(Address) Clinical Director, USHDD, Springfield, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PATCHLAND should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.