

REC'D DEC 19 1938

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

Do not use this space.

1. PLACE OF DEATH

County LawrenceTownship Mt. VernonCity Mt. Vernon

3

Registration District No.

Primary Registration District No.

(No. Missouri State San)

470

5-633

File No.

Registered No.

St.

Ward

39648

143

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

Length of residence in city or town where death occurred

yrs.

1

mos.

10

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

Ward.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

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

Glen Vansickle

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

July 19 - 1915

7. AGE

YEARS
23MONTHS
4DAYS
10

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

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)

April 1935

11. Total time (years) spent in this occupation

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

Macon County, Missouri

MOTHER

13. NAME

James M. Smart

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

Atlanta, Mo.

15. MAIDEN NAME

Aurea Owenby

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

Axtell, Mo.

17. INFORMANT

(ADDRESS)

Mrs. Mildred Bidler, Missouri State San

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Macon, Mo. Oct. 29, 1938

19. UNDERTAKER

(ADDRESS)

Stephens & Goodring, Macon, Mo.

20. FILED

Nov. 29, 1938

P. A. Holmes

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from

Oct. 19, 1938 to Nov 28, 1938

I last saw her alive on 11-28-38, 1938. Death is said

to have occurred on the date stated above, at 6:25 P. M.

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

Pulmonary tuberculosis

Intestinal tuberculosis

Tuberculosis enteritis

Other contributory causes of importance:

Intestinal tuberculosis

Tuberculosis enteritis

Name of operation none Date of

What test confirmed diagnosis? Sputum Was there an autopsy? no

22. 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. P. Massey, M. D.

421 (Address) Mt. Vernon, 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.

I 20314

RECEIVED

District Health Officer No. 6,

District File Number 6-38-664

Date Filed DEC 6 1938