

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

Do not use this space.

8541

1. PLACE OF DEATH

County Webster Registration District No. 897
Township Zanong Primary Registration District No. 4543
City Seymour (No. 2) St. _____ Ward _____

File No. _____

Registered No. 6

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>infant</u>	
		5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>February 4, 1940</u>			
7. AGE YEARS		MONTHS	DAYS
			If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		
	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>Seymour Missouri</u>			
FATHER	13. NAME <u>Vincent N. Vaw Ness</u>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Marshall Missouri</u>		
MOTHER	15. MAIDEN NAME <u>Beth Elvira Matney</u>		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Seymour Missouri</u>		
17. INFORMANT (ADDRESS) <u>Vincent N. Vaw Ness Seymour, Mo.</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Seymour</u> DATE <u>Feb. 16</u> , 19 <u>40</u>			
19. UNDERTAKER (ADDRESS) <u>None</u>			
20. FILED <u>2-15 1940 R.E.M. [Signature]</u> Registrar.			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 15, 1940

22. I HEREBY CERTIFY, That I attended deceased from February 4, 1940 to February 15, 1940. I last saw him alive on February 15, 1940. Death is said to have occurred on the date stated above, at 1:00 p.m.

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

Influenzal, bronchial pneumonia Date of onset: _____

Other contributory causes of importance: Influenza of mother at birth of child

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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) A. B. [Signature] M. D. (Address) Seymour 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.

RECEIVED

District Health Officer No. 6,

District File Number 340-806

Date Filed MAR 11 1940