

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

23510
Do not use this space.

JUL 13 1939

1. PLACE OF DEATH

(a) County Washington Registration District No. 887
 (b) Township Bates Primary Registration District No. 6179 Registered No.
 (c) City (d) Street No. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

James Vance
 (a) Residence, No. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF married

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) aug 26 1875

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
63 8 10

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as 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) Washington Mo

FATHER 13. NAME John Bears

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

MOTHER 15. MAIDEN NAME Mary Willhite

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

17. INFORMANT (ADDRESS) Frank Vance Potosi

18. BURIAL, CREMATION, OR REMOVAL PLACE Potosi Mo DATE April 7 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Sparks Potosi

20. FILED June 19 1939 J. C. Creaser Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 6 1939

22. I HEREBY CERTIFY, That I attended deceased from April 1 to April 6, 1939.
 I last saw him alive on April 6, 1939. Death is said to have occurred on the date stated above, at 8 a.m.
 The principal cause of death and related causes of importance were as follows:

acute pulmonary edema
15 hr
 Other contributory causes of importance: Copious catarrh of stenosis of pulmonary artery

Name of operation none Date of
 What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury
 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) John Spink D. I., M. D.
 (Address) Potosi, 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.

50M-9-19-38 I X16605

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.