

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

Do not use this space.

40434
382

1. PLACE OF DEATH

County Lawrence Registration District No. 467
Township Aurora Primary Registration District No. 5628
City..... (No..... St..... Ward)

File No. 382
Registered No.....

2. FULL NAME Robert Duane Vance

(a) Residence, No. R.F.D.#1 - Verona 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 Martha Vance

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-20-1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
84 0 25

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

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) Tennessee

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Tom Vance (ADDRESS) Aurora Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Park DATE 12/16, 1932

19. UNDERTAKER King Funeral Home (ADDRESS) Aurora Mo.

20. FILED Bl. Vance Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec-15, 1932

22. I HEREBY CERTIFY That I attended deceased from Nov. 1, 1931, to Dec 15, 1932

I last saw him alive on Oct 25, 1932 Death is said

to have occurred on the date stated above, at 5:25 m.

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

Chronic nephritis
bytubercular
prestitis Date of onset
131
137
358

Other contributory causes of importance:
old age 131 137 358

Name of operation..... Date of.....

What test confirmed diagnosis? blood 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....., 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) Bl. Vance, M. D.

(Address) Aurora

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.

