

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

Do not use this space.

31719

**1. PLACE OF DEATH**

County St. Francois Registration District No. 33  
Township Randolph Primary Registration District No. 6074 B  
City Leadwood (Name) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 34  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Columbus Vaudiver  
(a) Residence No. \_\_\_\_\_ 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**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 Eliza Vaudiver

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 20 - 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
85 | 8 | 2

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Retired  
(b) General nature of industry, business, or establishment in which employed (or employer) Farming  
(c) Name of employer Self.

9. BIRTHPLACE (CITY OR TOWN) St. Francois Co. Mo.  
(STATE OR COUNTRY)

10. NAME OF FATHER J. H. Vaudiver

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mary Torrestes

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown  
(STATE OR COUNTRY)

14. INFORMANT J. D. Boyer  
(Address) Leadwood Mo

15. FILED 9/23 29 W. E. Auerbach REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 22 1929

17. I HEREBY CERTIFY, That I attended deceased from 11:45 a.m. Sept 22 1929 to Sept 22 1929, that I last saw him alive on Sept 18 1929, and that death occurred, on the date stated above, at 11:45 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Nemia  
131  
132-14  
..... (duration) ..... yrs. .... mos. 10 da.

CONTRIBUTORY (SECONDARY) Chronic Nephritis  
..... (duration) 2 yrs. .... mos. .... da.

18. WHERE WAS DISEASE CONTRACTED Home  
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical  
(Signed) W. E. Auerbach M. D.  
9/23, 1929 (Address) Leadwood Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Germany Cem. DATE OF BURIAL 9/23 1929

20. UNDERTAKER J. D. Boyer ADDRESS Leadwood

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.

94  
224  
1929

31

