

122

21

14

1 PLACE OF DEATH

County Cleveland

Township Norman

OR Village Norman

OR City Norman No. _____ St. _____ Ward _____

CERTIFICATE OF DEATH

OKLAHOMA STATE BOARD OF HEALTH

Bureau of Vital Statistics

OKLAHOMA, OKLA.

Registered No. _____

110

(If death occurred in a hospital or institution give the name instead of St. and No.)

2 FULL NAME John E. Vandaman

Personal and Statistical Particulars

Medical Certificate of Death

SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED OR DIVORCED Married

6 DATE OF BIRTH Aug 9 1879
(Month) (Day) (Year)

7 AGE 95 yrs. 5 mos. 7 dys. If less than one day 9:30 hrs. or 30 min.

8 OCCUPATION (a) Trade, profession or particular kind of work Farming (b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Indiana

10 NAME OF FATHER Geo. W. Vandaman

11 BIRTHPLACE OF FATHER (State or Country) Indiana

12 MAIDEN NAME OF MOTHER May E. Ellet

13 BIRTHPLACE OF MOTHER (State or Country) Indiana

14 The above is true to the best of my knowledge.
Informant Mrs. John E. Vandaman
Address Norman, Okla.

County Supt. of Public Health.

16 DATE OF DEATH Jan 16 1913
(Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from Jan 10 1913 to Jan 16 1913 that I saw him alive on Jan 16 1913 and that death occurred on the date stated above at 9:30 a.m.

THE CAUSE OF DEATH was as follows:
Conjunctivitis of both eyes
(Duration) _____ yrs. _____ mos. & _____ dys.
Contributory old (Secondary) aldage
(Duration) _____ yrs. _____ mos. & _____ dys.
(Signed) M. J. Ashaw M. D.
Jan 12 1913 (Address) Norman, Okla.

State the disease causing death, or, in deaths from violent causes, state (1) means of injury, and (2) whether accidental, suicidal or homicidal.

18 LENGTH OF RESIDENCE (for Hospitals, Institutions, Transients, or Recent Residents)
At place of death _____ yrs. _____ mos. _____ dys.
In the State _____ yrs. _____ mos. _____ dys.
Where was disease contracted, if not at place of death _____
Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL _____ Date of Burial _____ 1913
Address _____

20 UNDERTAKER _____ Address _____

Every death should be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.



State Department of Health

ROGER C. PIRONG

State of Oklahoma

CERTIFIED COPY MUST HAVE EMBOSSED SEAL

STATE REGISTRAR OF VITAL STATISTICS

OKLAHOMA CITY, OKLAHOMA 73152

I hereby certify the foregoing to be a true and correct copy, original of which is on file in this office. In testimony whereof, I have hereunto subscribed my name and caused the official seal to be affixed, at Oklahoma City, Oklahoma, this date.

AUG. 12. 1980

[Signature]
STATE REGISTRAR