

ORIGINAL STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF VITAL STATISTICS
STATE OF IOWA

1. PLACE OF DEATH: (a) County <u>Iowa</u> Township <u>Rock</u> (b) City or Town <u>Rock Valley</u> (If outside city or town write RURAL NEAR and give town) (c) Hospital or Institution: Name and Street Address (d) Length of stay in Hospital or Inst. (yrs., mos. and days) In this community (yrs., mos. and days) <u>35 years</u>					2. USUAL RESIDENCE (HOME) OF DECEASED: For newborn infant give residence of mother (a) State <u>Iowa</u> (b) County <u>Sioux</u> (c) City or town <u>Rock Valley</u> (If outside city or town limits write RURAL NEAR and give town) (d) Street No. _____ (If rural give LOCATION) (e) If foreign born, how long in U.S.A. <u>35</u> years (f) Citizen of foreign country? _____ (yes or no) If yes, name of country _____ 3. (b) IF VETERAN, NAME WAR _____												
3. (a) FULL NAME <u>William Ver Mulm</u>					MEDICAL CERTIFICATION 20. DATE OF DEATH <u>6/24</u> 19 <u>44</u> , at <u>9</u> A.M. (Month, WRITE OUT) (Day) (time) 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from <u>See</u> 19 <u>33</u> to <u>in</u> <u>6/24</u> 19 <u>44</u> and that I saw <u>6-24-</u> 19 <u>44</u> alive on _____ Immediate cause of death <u>Hypertension and Coronary Thrombosis</u> Due to _____ Due to _____ Other conditions _____ (Include pregnancy within 3 months of death) OPERATION: Date of _____ Of operation _____ Of autopsy _____												
4. Sex <u>male</u> 5. Color or Race <u>white</u> 6. (a) Single, married, widowed or divorced <u>married</u> 6. (b) Name of husband or wife <u>Lillie Ver Mulm</u> 6. (c) If alive, give age _____ years 7. Birth date of deceased (mo., day, yr.) <u>Oct 11-1872</u> 8. Age <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <th>Years</th> <th>Months</th> <th>Days</th> <th>If less than 1 day</th> </tr> <tr> <td><u>71</u></td> <td><u>8</u></td> <td><u>13</u></td> <td>hrs. _____ min. _____</td> </tr> </table> 9. Birthplace <u>Holland</u> (Town, county, and state or foreign country) 10. Usual Occupation <u>Farmer</u> 11. Industry or business _____					Years	Months	Days	If less than 1 day	<u>71</u>	<u>8</u>	<u>13</u>	hrs. _____ min. _____	MAJOR FINDINGS 22. If death was due to external causes, fill in the following: (a) _____ (b) Date of _____ (c) Where did injury occur? _____ (City or town) _____ (County) _____ (State) _____ (d) Injured at home, farm, industry, public place (where?) _____ (e) Injured at work? (Yes or no) _____ (f) Means of injury _____ (g) Nature of injury _____ 23. (a) Signature <u>L. R. Hagg M.D.</u> Iowa licensed (M.D. or other) (b) Address <u>Rock Valley Ia</u> (c) Date signed <u>6/26/44</u>				
Years	Months	Days	If less than 1 day														
<u>71</u>	<u>8</u>	<u>13</u>	hrs. _____ min. _____														
12. Name <u>Cornelius Ver Mulm</u> 13. Birthplace <u>Holland</u> (City, town or county) (State or foreign country) 14. Name <u>Adrian Warren</u> 15. Birthplace <u>Holland</u> (City, town or county) (State or foreign country) 16. (a) Informant's own signature <u>Lillie Ver Mulm</u> (b) Address <u>Rock Valley</u> 17. (a) <u>Burial</u> (b) Date thereof <u>June 27-44</u> Burial, cremation, or removal (specify) (Month) (Day) (Year) (c) Place of burial or cremation <u>Rock Valley</u> Location <u>Iowa</u> 18. (a) Signature <u>W. C. Winans</u> (b) Address <u>Sioux Center</u> (c) License No. <u>142</u> 19. Signature <u>Barbara DeHaan</u> District _____ Date received <u>June 30-1944</u> Filed No. <u>110</u>					ACCIDENT, SUICIDE OR HOMICIDE 24. (a) Signature _____ (b) Address _____ (c) Date signed _____												