

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

Do not use this space.

15717

1. PLACE OF DEATH

County Madison Registration District No. 538
 Township Electa Primary Registration District No. 3028
 City Fredericktown (No.) St. Ward (.....)

File No.
 Registered No.

2. FULL NAME

Lissius Vandergriff
 (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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

male white Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 27 '27

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
3 3

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Fredericktown, Mo.
 (STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Andrew Vandergriff

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Fredericktown, Mo.
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Gora Woods

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Madison, Mo.
 (STATE OR COUNTRY)

14. INFORMANT Andrew Vandergriff
 (Address)

15. FILED 5/31, 19 27 C. H. Davis M.D.
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 29 1927

17. I HEREBY CERTIFY That I attended deceased from May 27, 1927 to May 29, 1927 that I last saw him alive on May 28, 1927, and that death occurred, on the date stated above, at 5 A. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Atelectasis of lungs.
16113 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 162 yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH?

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) H. Harry Barron, M. D.
530, 19 27 (Address) Fredericktown

*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

Methodist Church DATE OF BURIAL May 29 1927
 20. UNDERTAKER ADDRESS

None

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important.

