

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

Do not use this space.

15777

File No. 15507

Registered No. \_\_\_\_\_  
City \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County St. Charles  
Towship Salt River  
City \_\_\_\_\_ (No. \_\_\_\_\_)

Registration District No. 504  
Primary Registration District No. 6049

**2. FULL NAME**

Donald E. Vookiers

(a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 14, 1928

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 10

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work \_\_\_\_\_ 1570  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_ 159  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Greentop  
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Alfred Vookiers

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

12. MAIDEN NAME OF MOTHER Leah Steen

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo.  
(STATE OR COUNTRY) \_\_\_\_\_

14. INFORMANT D. L. Vookiers  
(Address) Greentop Mo.

15. FILED 4-28-28 19. U.S. Registrar

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 4, 1928

17. I HEREBY CERTIFY That I attended deceased from ap 4, 1928, to ap 4, 1928, that I last saw h. in. alive on ap 4, 1928, and that death occurred, on the date stated above, at 3:45 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Premature Birth  
cause not known

CONTRIBUTORY Blue Baby  
(SECONDARY) \_\_\_\_\_

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

19. DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_  
(Signed) O. P. Green No. DO  
, 19 (Address) Queen City 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 Greentop Mo. DATE OF BURIAL 4/5 1928

20. UNDERTAKER L. DeYoung ADDRESS Greentop

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.

501.0

1928

