AN 3 1929

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

Do not use this space.

35845

1. PLACE OF DEATH
County: Vernon
Township:
City: Nevada (No. ..... St. ..... Ward)

Registration District No. 875
Primary Registration District No. 3039

File No.
Registered No. 258

2. FULL NAME: Rowland J Vanderlip

(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: 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): Mar 14 1927

7. AGE: Years 1 | Months 7 | Days 2 | If LESS than 1 day, ... hrs. or ..... min.

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) (STATE OR COUNTRY): Kansas

PARENTS
10. NAME OF FATHER: Arthur Vanderlip
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Kansas
12. MAIDEN NAME OF MOTHER: Edith Bodine
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Kansas

14. INFORMANT: Arthur ~~Boden~~ Vanderlip
(Address): Rockville Mo

15. FILED 11/14 1928. E. R. King, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct 16 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct 13, 1928, to Oct 16, 1928, that I last saw him alive on Oct 16, 1928, and that death occurred, on the date stated above, at 11 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Laryngeal Diphtheria
10
(duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (SECONDARY)
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
2 DID AN OPERATION PRECEDE DEATH? yes DATE OF Oct 16
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) R. J. Smith, M. D
, 19 (Address) Appleton 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: Meyer Cem Bates Co — DATE OF BURIAL: Oct. 18, 1928

20. UNDERTAKER: Frank Lee — ADDRESS: Appleton City Mo

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.