JAN 23 1929

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

Do not use this space.

41337

1. PLACE OF DEATH
County Jasper
Township Galena
City Joplin (No. Nona Mabel White St. Ward)
Registration District No. 411
Primary Registration District No. 2002
File No.
Registered No. 565

2. FULL NAME
(a) Residence. No. 724 Penn Ave. 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: Female
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Lyman R. White.

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan 22-1903.

7. AGE: 25 YEARS, 11 MONTHS, 2 DAYS. If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House wife
(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): Mo

PARENTS
10. NAME OF FATHER: Frank Vanderpool.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Mo
12. MAIDEN NAME OF MOTHER: Sarah
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): enhancement

14. INFORMANT: Lyman R. White
(Address) Joplin Mo

15. FILED 2-27 1928 Dr A B Clark REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 12-24 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 24, 1928, to Dec 24, 1928, that I last saw her alive on Dec 24, 1928, and that death occurred, on the date stated above, at 5-1 PM.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary tuberculosis
V3R 31 (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) R. M. James, M.D.
12-24, 1928 (Address) Joplin 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: Fairview
DATE OF BURIAL: 12-27 1928

20. UNDERTAKER: Hurlbut Und Co
ADDRESS: Joplin 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.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD