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

Do not use this space.

FEB 25 1929

5236

1. PLACE OF DEATH
County Washington — Registration District No. 887 — File No.
Township Union — Primary Registration District No. 6192 — Registered No. 5
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Eveline Helen Vandergrif

(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: Female
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 23-1928

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
0	11	17	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

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

PARENTS

10. NAME OF FATHER George Vandergrif
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Madison Co
(STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Grace McNealy
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Mo.

14. INFORMANT John Vandergrif
(Address) Cadet, Mo

15. FILED 1/11, 1929 Jos. L. Thurman
REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 10 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec. 10, 1928, to Jan. 10, 1929 that I last saw her alive on Dec. 24, 1928, and that death occurred, on the date stated above, at 6:30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Mastoid Abscess
1
11B
X4R (duration) yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY) Measles & Influenza
(duration) yrs. mos. 25 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) S. F. Thurman, M. D
1-11, 1929 (Address) Potosi 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: Mine Lamote Mo
DATE OF BURIAL: 1-11 1929

20. UNDERTAKER: Sharks & Sharks
ADDRESS: Potosi 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.