

DEC 20 1930

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

Do not use this space.

35488

1. PLACE OF DEATH

County Caldwell,
Township Davis,
City _____ (No. _____)

Registration District No. 93
Primary Registration District No. 5138

File No. _____
Registered No. 18
St. _____ Ward _____

2. FULL NAME John Samuel Vanderpool,

(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. Widowed
(write the word)
Widowed,

5A. IF WIDOWED,
HUSBAND OF Eva Vanderpool,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June, -2nd, -1888

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>72</u>	<u>5</u>	<u>28</u>	

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Missouri,
(STATE OR COUNTRY)

10. NAME OF FATHER Monday Vanderpool,

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

12. MAIDEN NAME OF MOTHER Lucinda Davis,

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

14. INFORMANT Monday Vanderpool,
(Address) Braymer, Mo. R. F. E.

15. FILED Nov 20 1930 H. H. Patterson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 30 1930

17. HEREBY CERTIFY, That I attended deceased from Nov. 3 1930 to Nov 30 1930 that I last saw him alive on Nov 29 1930, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Bright's Disease

CONTRIBUTORY (SECONDARY) 129a
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____
DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? clin symptoms
(Signed) Henry H. Patterson M. D.

Nov 20 1930 (Address) Braymer 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 Black Oak Cemetery, --Dec. -1st. 1930
DATE OF BURIAL

20. UNDERTAKER E. P. Michael Braymer, Mo.
ADDRESS

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.

