WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

13744

1. PLACE OF DEATH
County Franklin — Registration District No. 297 — File No.
Township Wash — Primary Registration District No. 3016 — Registered No. 64
City Washington Mo. No. St. Ward)

2. FULL NAME Lois Joy Vandegriff
(a) Residence. No. 618 Market St., Ward
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 0 yrs. 1 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
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) Mar 4th 1931

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
0	1	24	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

PARENTS
10. NAME OF FATHER Floyd Vandegriff
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Owensville
(STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Clara Wittrock
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Bland
(STATE OR COUNTRY) Mo.

14. INFORMANT Floyd Vandegriff
(Address) Washington Mo

15. FILED Apr. 30 1931 O. K. Muench
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 28 1931

17. I HEREBY CERTIFY, That I attended deceased from Mar 4, 1931, to Apr 28, 1931 that I last saw her dead alive on Apr 28, 1931, and that death occurred, on the date stated above, at 6:30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Inanition
(duration) yrs. 1 mos. 24 ds.

CONTRIBUTORY (SECONDARY) Deformity of Palate
(duration) yrs. 1 mos. 24 ds.

15719

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? Clinical Observation
(Signed) B. E. Mankoff, M. D.
4/29/, 1931 (Address) Washington 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: St Peters Cemetery — DATE OF BURIAL: 4/30/1931

20. UNDERTAKER: Neeburg & Vitt Jr — ADDRESS: Washington Mo