

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

Do not use this space.

22291

1. PLACE OF DEATH

24 County Clay Registration District No. 1-98
Township Fishing-River Primary Registration District No. 3071
City Veterans Administration Hospital, Excelsior Springs, Mo. St. 3rd (Ward)

File No. _____
Registered No. 92

2. FULL NAME VANDERPOOL, Alpha

(a) Residence, No. Veterans Hospital, Excelsior Springs, Mo. Spickard, Missouri
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 3 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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 30 1897

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
35 5 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. farm

10. Date deceased last worked at this occupation (month and year) unknown 11. Total time (years) spent in this occupation. unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME John Vanderpool,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Abbie Pickett

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Hospital records, Veterans Hospital (ADDRESS) Excelsior Springs, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Spickard Mol DATE 7-13-32

19. UNDERTAKER John G. Prother (ADDRESS) Excelsior Springs, Mo.

20. FILED July 13 1932 J. W. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13 1932, 19

22. I HEREBY CERTIFY, That I attended deceased from April 13, 1932, 19, to July 13, 1932, 19.

I last saw him alive on July 13, 1932, 19. Death is said to have occurred on the date stated above, at 9:30 am.

The principal cause of death and related causes of importance were as follows:

Fecal fistula from parafecal abscess following appendectomy

Date of onset

Other contributory causes of importance: none

Name of operation Laparotomy Date of 5-9-32

What test confirmed diagnosis exam. & obs. Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? X Date of injury _____, 19____

Where did injury occur? X (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury X

Nature of injury X

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____ (Signed) _____, M. D.

Excelsior (Address)

Spings, Missouri

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.

is very important
to maintain

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ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Clay Registration District No. 198 File No. _____
 Township _____ Primary Registration District No. 3077 Registered No. 92
 City Excelsior Springs (No. _____) St. _____ (Ward _____)

2. FULL NAME

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) M

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____
 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

MOTHER FATHER 13. NAME _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL _____

PLACE _____ DATE _____ 19 _____

19. UNDERTAKER (ADDRESS) _____

20. FILED 9/7 19 327 D. C. Cream Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Fatal fistula from abscess following appendectomy Date of onset _____

Other contributory causes of importance: Conjunctivitis appendicitis

Name of operation Laparotomy Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? If so, specify _____

(Signed) _____, M. D.

(Address) _____

SUPPLEMENTARY

Information should be careful in plain terms, so that it may be understood. NOT RECEIVE A FEE FOR CERTIFICATE UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW. REGISTRATION FEE

22291