

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

Do not use this space.

22920

1. PLACE OF DEATH

40 County Dreux Registration District No. 330
Township _____ Primary Registration District No. 3017
4 City Dreux (No. _____) St. _____ Ward _____

2. FULL NAME

7 Smith Alice Vanderpool
(a) Residence, No. 2900 Mabel St. 3 Ward. _____
(Usual place of abode)
Length of residence in city or town where death occurred 15 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 19 - 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 8 17

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

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) Logansport Ind

13. NAME John W. Males

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

15. MAIDEN NAME Rebecca J. Lezenber

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

17. INFORMANT (ADDRESS) Mrs M J Young
Trifun vxo

18. BURIAL, CREMATION, OR REMOVAL PLACE Edwburg Mo DATE July 8 1933

19. UNDERTAKER (ADDRESS) R. H. Newberry
Dreux Mo

20. FILED 8 July 1933 E. A. Depple
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 6th 1933

22. I HEREBY CERTIFY That I attended deceased from May 2 1933 to July 6 1933
I last saw h. alive on July 6 1933 Death is said to have occurred on the date stated above, at 7:30 P.M.

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

Myocardial Infarction Date of onset 5/13
Secondary to Carcinoma
of Bladder + Metastasis
Carcinoma of Bladder

Other contributory causes of importance: 930 53 3 years

Carcinoma of Bladder
Metastasis to Lungs
Abdominal glands

Name of operation Cystectomy for Bladder carcinoma Date of 7/29/33
What test confirmed diagnosis? Specimen for Autopsy Was there an autopsy? Yes

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? 1
If so, specify _____

(Signed) J. B. Moore _____, M. D.
(Address) Dreux, Mo

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.

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