

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.

MAY 25 1934

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

Do not use this space.

1. PLACE OF DEATH

County Grundy  
Township Shenston  
City Shenston (No. ....)

Registration District No. 328  
Primary Registration District No. 3017

File No. 12624  
Registered No. ....  
St. .... Ward

2. FULL NAME Charles Lee Vanderpool

(a) Residence, No. .... St. .... Ward.

(Usual place of abode)  
Length of residence in city or town where death occurred yrs. 1 mos. 3 ds. 16 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)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 16 1932

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
1 3 17

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none  
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) Grundy Co Missouri

FATHER  
13. NAME Noble Vanderpool

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

MOTHER  
15. MAIDEN NAME Allie Langford

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

17. INFORMANT (ADDRESS) Noble Vanderpool Shenston Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Millgrove mo DATE April 4 1934

19. UNDERTAKER (ADDRESS) Bern C Jones Shenston Missouri

20. FILED 4-3 1934 Jane D Jan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 3 1934

22. I HEREBY CERTIFY, That I attended deceased from March 21 1934 to April 3 1934

I last saw him alive on April 2 1934. 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:

Primary Broncho-pneumonia Date of onset

107A

107A

Other contributory causes of importance:

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? No

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)

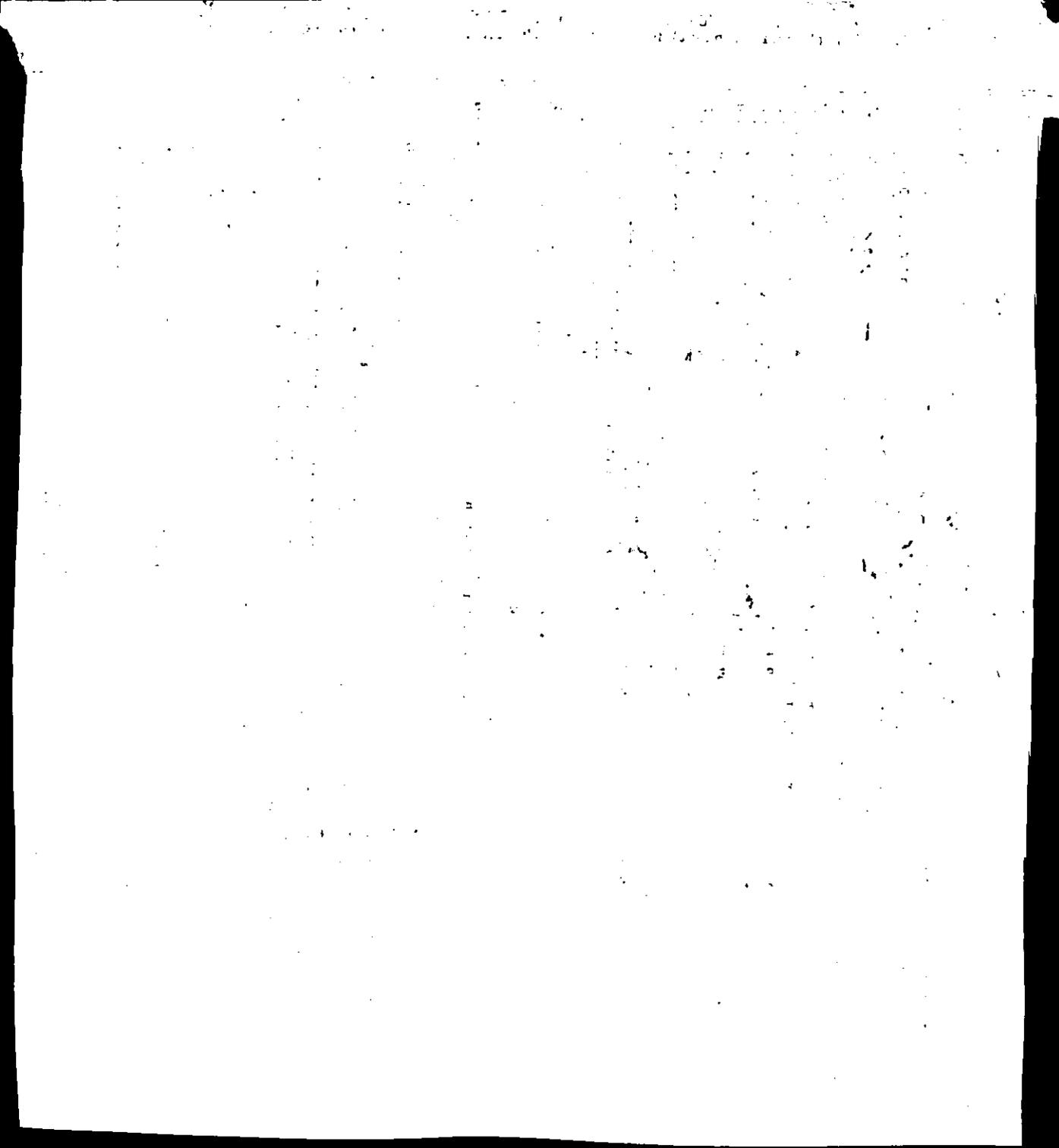
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....  
(Signed) E. H. Sellers, M. D.

(Address) Shenston Mo.



#2

*W. J. ...*

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

E. T. McLaugh, M. D.,  
Special Agent,  
Jefferson City, Mo.

WASHINGTON 12624

*Grundy*

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Charles Lee Vanderpool  
Who died at \_\_\_\_\_ on Sept 3-1934  
Residence: No. \_\_\_\_\_ St. \_\_\_\_\_  
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
Sex M Color or race W Single, married, widowed or divorced: \_\_\_\_\_

Date of birth \_\_\_\_\_ Age: Years 1 Months 3 Days 17

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month \_\_\_\_\_ Year \_\_\_\_\_

Birthplace (State or country) \_\_\_\_\_

Birthplace of father (State or country) \_\_\_\_\_

Birthplace of mother (State or country) \_\_\_\_\_

Principal cause of death: Bronchitis - Pneumonia  
There was no other cause, had there been I would have reported it.

Other contributory causes of importance None 107a

Name of operation None Date of \_\_\_\_\_

What test confirmed diagnosis? Clinical only Was there an autopsy? no

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 \_\_\_\_\_

Was disease or injury in any way related to occupation of deceased? No - Baby -

If so, specify \_\_\_\_\_

Name of physician C. H. Sellers M.D.

Address of physician 207 E 10th Court - Trenton Mo

Signature of Registrar Gene D. Fair

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,

*E. T. McLaugh M.D.*

Special Agent.

Reg. Dist. No. 328

Primary Reg. Dist. No. 3017

*S.C.*

