

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

✓ Do not use this space.
13353
 File No.
 Registered No. **4**

MAY 29 1935

1. PLACE OF DEATH

County **Laclede** Registration District No. **277**
 Township **maize** Primary Registration District No. **3610**
 City **St. Louis** (No. St. Ward)

2. FULL NAME

John Q Vandergriff
 (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 <i>(write the word)</i> married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emilia Vandergriff		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 61 YEARS 2 MONTHS 7 DAYS		
7. AGE		
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) Nov 1934		11. Total time (years) spent in this occupation all life
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miller Co Mo		
13. NAME John Q Vandergriff		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miller Co Mo		
15. MAIDEN NAME Mary Foster		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miller Co Mo		
17. INFORMANT (ADDRESS) Sarah Vandergriff		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE Honey Creek	DATE 4-26-1935	
19. UNDERTAKER (ADDRESS) Virgil Emery		
20. FILED May 1 1935 - C. E. Carlton Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **4-26-1935**

22. I HEREBY CERTIFY, That I attended deceased from
Dec 1, 1935, to April 26, 1935
 I last saw him alive on **March 15, 1935**. Death is said to have occurred on the date stated above, at **2 a. m.**
 The principal cause of death and related causes of importance were as follows:
Sub acute Nephritis
 Date of onset **Dec 1-1935**

Other contributory causes of importance:
unknown

Name of operation **no**
 What test confirmed diagnosis? **Urinalysis and dead body**
 as there an autopsy? **yes**

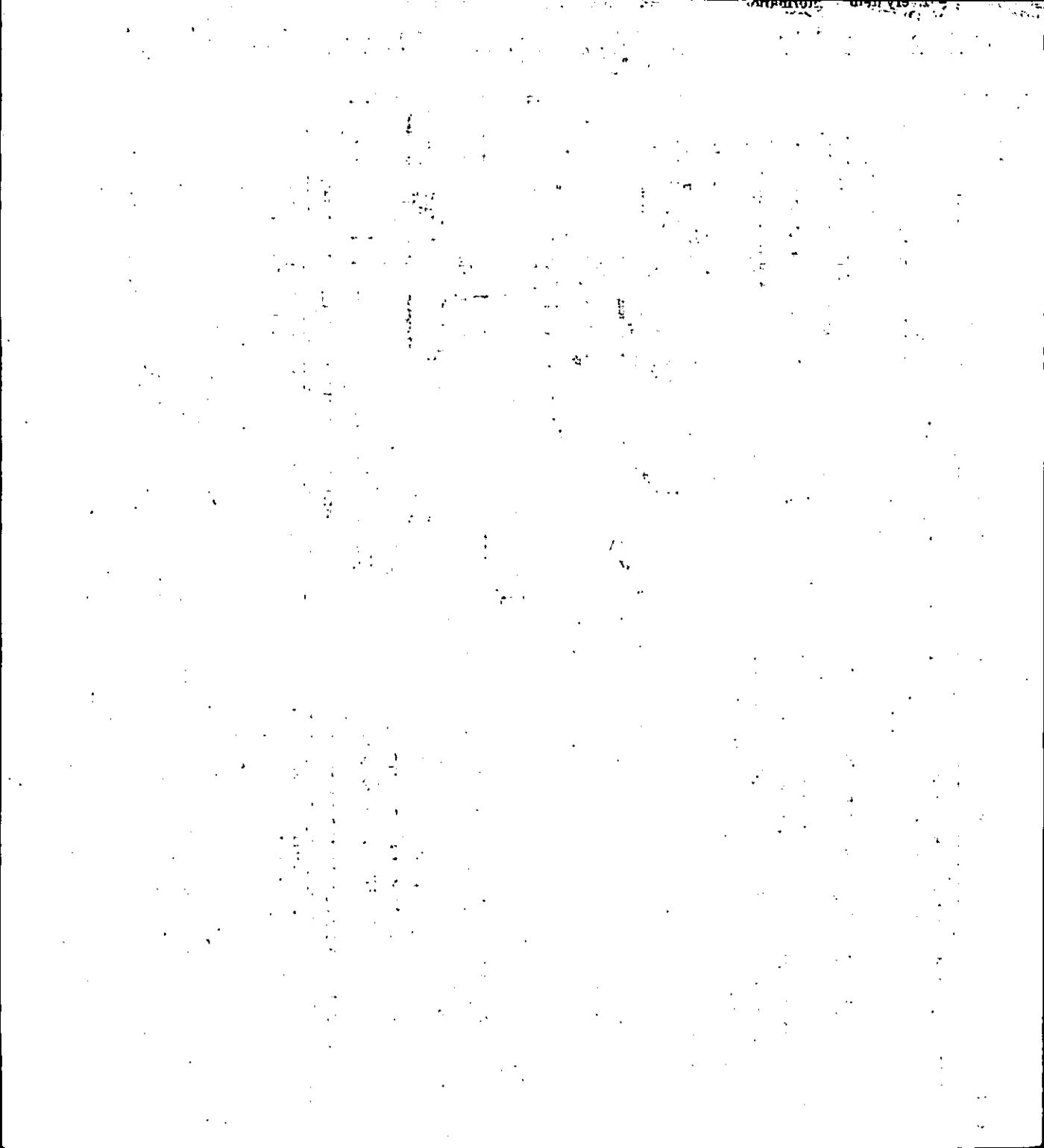
23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? **2** Date of injury, 19...
 Where did injury occur?, 19...
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury **✓**
 Nature of injury **✓**

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify, M. D.
 (Signed) **L. G. Bentley**
 (Address) **St. Louis Mo**

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.

WHILE LIVING WITH CHILDREN UNDER THIS IS A PERMANENT RECORD



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

Do not use this space.

1. PLACE OF DEATH

County Laclede
Township Mayfield
City _____ (No. _____)

Registration District No. 277
Primary Registration District No. 5610

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

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

John Q. Vandergrieff

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.
61 2 7

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)

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 4-26 1935 6 E. Carter Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) APR 26 1935, 19____

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

I last saw him/her 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:

Sub acute nephritis
intermittent

Date of onset _____

Other contributory causes of importance:

Name of operation _____ 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) _____

SUGGESTED BY

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.

JUN 14 1935

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