

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.

JAN 17 1936

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

40251

## 1. PLACE OF DEATH

County Jefferson  
 Township Jefferson  
 City St. Louis (No. 3443)

Registration District No. 111  
 Primary Registration District No. 3443

File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residence, No. Settle, Mo.  
 (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)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE	YEARS	MONTHS
	<u>—</u>	<u>1</u>
		DAYS
		<u>2</u>
		If LESS than 1 day, hrs. or min.
		<u>7</u>
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Infantry</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>—</u>	
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation <u>—</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Belle, Mo.</u>		
FATHER	13. NAME <u>Bernard Vaudegriff</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Arrowsville, Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Ruby Gehler</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Belle, Mo.</u>	
17. INFORMANT (ADDRESS) <u>Bernard Vaudegriff</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Louis Cemetery</u> DATE <u>12-4-1935</u>		
19. UNDERTAKER (ADDRESS) <u>St. Louis Cemetery</u>		
20. FILED <u>Jan 10 1936</u> <u>Reardon Johnson</u> Registrar		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 2 - 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 26 - 1935 to Dec. 2 - 1935.  
 I last saw him alive on Dec. 1 - 1935. Death is said to have occurred on the date stated above, at 2:40 P. M.  
 The principal cause of death and related causes of importance were as follows:  
Septicemia  
Scratch on skin  
 Date of onset 11-24-35

Other contributory causes of importance:  
Scratch on skin

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis symptoms 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? in home (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury in home  
 Nature of injury scratch

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify \_\_\_\_\_  
 (Signed) W. R. Furrill M. D.  
 (Address) Belle, Mo.

