

MAR 18 1937

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

Do not use this space.

1. PLACE OF DEATH

31 County... Daviess
Township.....
City... Gallatin (No. St. Ward)

Registration District No. 250
Primary Registration District No. 4150

File No. 5675
Registered No. 7

2. FULL NAME Edna Pearl Vanderpool

(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)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb'y. 6. 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .. hrs. or .. min.
0 0 0 0

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) XXX 11. Total time (years) spent in this occupation XXX

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

13. NAME William Vanderpool

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

15. MAIDEN NAME Anna Mae Fields

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

17. INFORMANT Mrs. William Vanderpool
(ADDRESS) Gallatin, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Brown Cemetery DATE Feb'y. 8 19 37

19. UNDERTAKER Hope, Furn. & Undt. Co.
(ADDRESS) Gallatin, Missouri

20. FILED Feb'y. 8 19 37 H. A. Hope
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb'y. 6 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb'y. 6, 1937, to Feb'y. 6, 1937
I last saw her alive on stillborn, 19..... Death is said to have occurred on the date stated above, at 11:30 P.

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

Stillborn

Date of onset

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? clinical 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? No injuries
(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) M. A. Smith, M. D.

(Address) Gallatin, 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.

