REC'D JAN 23 1939

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

42900
Do not use this space.

1. PLACE OF DEATH
(a) County Daviess
(b) Township
(c) City Gallatin
(d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. 5 mos. 8 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 250
Primary Registration District No. 4150
Registered No. 44

2. PRINT FULL NAME Oliver Edward Vanderpool
(a) Residence, No. Gallatin, Mo. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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 XXXX
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July, 6 1938
7. AGE: YEARS 0 MONTHS 5 DAYS 8 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) XXXX
11. Total time (years) spent in this occupation XXX

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

FATHER
13. NAME William E. Vanderpool
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Spickard Missouri

MOTHER
15. MAIDEN NAME Anna Mae Fields
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gallatin Missouri

17. INFORMANT (ADDRESS) Wm. E. Vanderpool Gallatin, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Brown Cemetery DATE Dec. 16 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Hope Furn. & Und. Co. Gallatin, Mo.
20. FILED Dec. 16 1938 H. A. Hope Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 14, 1938
22. I HEREBY CERTIFY, That I attended deceased from 12/12, 1938 to 12/14, 1938
I last saw him alive on 12/14, 1938. Death is said to have occurred on the date stated above, at 11:30 PM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	12/11/38

107a

Other contributory causes of importance:
None

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? No
If so, specify .....
(Signed) Edward Enixon, M. D.
(Address) Gallatin Mo

Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

L. O. Richesson, or by .....

Registered Apprentice No....., working under my personal supervision.

Signed L. O. Richesson

Licensed Embalmer No. 3302

P. O. Address Gallatin, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.