

REC'D FEB 11 1939

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

3578

Do not use this space.

1. PLACE OF DEATH

(a) County Pulaski Registration District No. 716
(b) Township W. 1st Primary Registration District No. 594
(c) City Crocker, Mo. (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. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 12. PRINT FULL NAME Everett Augustus Vandergriff

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 3, 1892

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
46 1 18

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Barber
9. Industry or business in which work was done, as saw mill, bank, etc. Barbershop
10. Date deceased last worked at this occupation (month and year) March 1939 11. Total time (years) spent in this occupation 22

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maries County, Mo.

FATHER 13. NAME Issac H. Vandergriff

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maries County, Mo.

MOTHER 15. MAIDEN NAME Mary Elizabeth Forbes

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miller County, Mo.

17. INFORMANT Minnie Vandergriff
(ADDRESS) Crocker, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Crocker Cemetery DATE 12/23/38

19. FUNERAL DIRECTOR (NAME) J. H. Hooper & Sons
(ADDRESS) Crocker, Mo.

20. FILED 1-10-39 W. J. Self Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 12, 1938, to Dec. 21, 1938
I last saw him alive on Dec. 21, 1938. Death is said to have occurred on the date stated above, at 5 P. m.

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

Tuberculosis, pulmonary Date of onset D.K.
22

Other contributory causes of importance:

Pneumonia tubercular 12-16-38

Name of operation none Date of _____
What test confirmed diagnosis? X-ray of lungs Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury Dec. 21, 1938
Where did injury occur? at home (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury at home
Nature of injury at home

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify Badly (continuously) indoors

(Signed) C. W. Miller, M. D.
(Address) Crocker, Mo.

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

Signed *Paul B. Hooper*.....

Licensed Embalmer No. 3261.....

P. O. Address Crocker, 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.