

NOV 23 1938

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

36126

Do not use this space.

## 1. PLACE OF DEATH

(a) County Lawrence Registration District No. 467  
 (b) Township Aurora Primary Registration District No. 4280 Registered No. 579  
 (c) City Aurora (d) Street No. 309 W, Locust 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.

2. PRINT FULL NAME Arthur C Vandbergh

(a) Residence, No. 309 W, Locust 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 20- 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
85 5 28

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Miner  
 9. Industry or business in which work was done, as 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) Ill.

13. NAME Harry Vandbergh

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

15. MAIDEN NAME Sarah E Linderman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

17. INFORMANT A. C. Vandbergh (ADDRESS) Aurora Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Aurora Mo. DATE Oct, 19 1938

19. FUNERAL DIRECTOR (NAME) J. F. King (ADDRESS) Aurora Mo.

20. FILED Nov 2 1938 R D Cowan, M D Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct, 18 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 3, 1938, to Oct 17, 1938

I last saw him alive on Oct 17, 1938 Death is said to have occurred on the date stated above, at 4.30 A.M.

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

Bronchopneumonia  
Bilateral, basilar  
10/17/38  
 Date of onset 1938

Other contributory causes of importance:

Fracture, intracapsular, May  
neck of left femur, 1937

Name of operation None Date of 10/17/38  
 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, 1938

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) Dr. Frank B. Kelsey, M. D.

(Address) 16 E. Locust St.  
Aurora, Mo.

RECEIVED

District Health Officer No. 6,

District File Number 6-38-487

Date Filed NOV 5 1938

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,

Herman Surridge, or by

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

Signed

Herman Surridge

Licensed Embalmer No. 3072

P. O. Address Aurora 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.