

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

Do not use this space.

4606

1. PLACE OF DEATH

County BUCHANAN Andrew Registration District No. 1
 Township Monroe Primary Registration District No. 1013
 City 2 mi. east of Cosby, Mo. (No. 2) St. Ward

File No.
 Registered No. 3
 St. Ward

2. FULL NAME

William Gerald Van Meter
 (a) Residence, No. St. Ward
 (Usual place of abode) (If nonresident, give city or town and State)
 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.

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 Dora Van Meter
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept, 29, 1895
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
37 4 25 10
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) Feb, 23, 1933 11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Andrew Co., Mo.

FATHER 13. NAME Gordon C. Van Meter
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Andrew Co., Mo.

MOTHER 15. MAIDEN NAME Birdie Sandusky
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Andrew Co., Mo.

17. INFORMANT Gordon C. Van Meter
 (ADDRESS) Helena, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Chapel Cemetery Feb, 26, 1933

19. UNDERTAKER (ADDRESS) Walter Meinhardt 1302 Aaron St. St. Joseph, Mo.

20. FILED March 23, 1933 B. L. Allen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb, 24, 1933 . 19 19
 22. I HEREBY CERTIFY, That I viewed on Feb, 24, 1933, 19 19, to , 19 19
 I last saw him alive on , 19 19. Death is said to have occurred on the date stated above, at 7:00 a.m.
 The principal cause of death and related causes of importance were as follows:

Suicide by Hanging Date of onset 7/24/33
165
165
 Other contributory causes of importance:

Name of operation None Date of
 What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? suicide Date of injury Feb, 24, 1933
 Where did injury occur? In barn at home. (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. L. Holliday Coroner, M. D.
 (Address) Coroner, Fillmore

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.

THIS IS A PLAINTEXT RECORD

