CT 26 1929

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

Do not use this space.

30275

1. PLACE OF DEATH
County Harrison
Township
City Bethany (No. ..... St. ..... Ward)
Registration District No. 234
Primary Registration District No. [illegible]
File No.
Registered No.

2. FULL NAME Cecil E. Vanmeter
(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 M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Lesta Vanmeter

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2-5-1884

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
44	27	15	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrison Co. Mo.

PARENTS
10. NAME OF FATHER James Vanmeter
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Harrison Co. Mo.
12. MAIDEN NAME OF MOTHER Mary Catharine Maize
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Harrison Co. Mo

14. INFORMANT Robert Vanmeter
(Address) Bethany Mo.

15. FILED Oct 10 1928 W J Harned REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-20-1928

17. I HEREBY CERTIFY, That I attended deceased from Sep 4, 1928, to Sep 19, 1928, that I last saw h[illegible] alive on Sep 19, 1920, and that death occurred, on the date stated above, at 1 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Menengitis
[illegible] (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Infection following pulling tooth (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
8 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Will J Harned M. D
Sep 20, 1928 (Address) Bethany Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL New Hope Cemetery
DATE OF BURIAL 9-21 1928

20. UNDERTAKER S. M. Haas
ADDRESS Bethany 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.

PERMANENT RECORD