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

Do not use this space.

40650

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Kaw — Primary Registration District No. 1002
City K.C. Mo. (No. 2543 Quincy Avenue St. ..... Ward)

File No. 5025
Registered No.

2. FULL NAME August Vetters
(a) Residence. No. 2543 Quincy St., 14 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: Clara Vetter

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan-27-1895

7. AGE: Years 33 | Months 10 | Days 13 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Flour Mill
(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): Mo.

PARENTS
10. NAME OF FATHER: August Vetter
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: No Record
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): No Record

14. INFORMANT: Clara Vetter
(Address) 2543 Quincy Ave

15. FILED 17/10, 1928 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec - 10, 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov 19, 1928, to Dec 10, 1928, that I last saw ~~[illegible]~~ alive on Dec 10, 1928, and that death occurred, on the date stated above, at 8:30 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute endocarditis
115A
91A
108B (duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY): Streptococcus pharyngitis + laryngitis (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? ✓
DID AN OPERATION PRECEDE DEATH? no. DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Culture + Osculation

10932

(Signed) D. W. Edmonds, M. D
12/10, 1928 (Address) 4800 E 24th St

*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: Jefferson City, Mo — DATE OF BURIAL: Dec ✓ 1928

20. UNDERTAKER: Mrs. C. L. Forster — ADDRESS: K.C. Mo.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.