

MAR 25 1930

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

Do not use this space.

4441

1. PLACE OF DEATH

County Cole Registration District No. 213
Township _____ Primary Registration District No. 3017
City Jefferson (No. _____) St. _____ Ward _____

File No. _____
Registered No. 46
St. _____ Ward _____

2. FULL NAME

Victor B. Vetter

(a) Residence No. 111 E. McElarty 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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 6 - 1905

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

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Machinist
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Jefferson City Mo
(STATE OR COUNTRY)

10. NAME OF FATHER Henry J. Vetter

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Cole Co. Mo.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Adelaida Heimericks

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Holland.
(STATE OR COUNTRY)

14. INFORMANT H. J. Vetter
(Address) J. B. Mo.

15. FILED 3/1 1930 H. W. Bradford
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 9 - 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan. 28, 1930, to Feb 9, 1930, and that I last saw him alive on Feb 9, 1930, and that death occurred, on the date stated above, at 9 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Tobacco Pneumonia
108
1010

CONTRIBUTOR (SECONDARY) _____ (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?

2:11 (Signed) H. W. Bradford, M. D.

130 (Address) J. C. 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 St. Petersberg J. B. Mo. DATE OF BURIAL 2-12-1930

20. UNDERTAKER C. P. Heimericks ADDRESS J. B. 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.

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