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

Do not use this space.

APR 21 1931

1. PLACE OF DEATH

County: Buchanan — Registration District No. 85 — File No. 8911

Township: — Primary Registration District No. 1001 — Registered No. 341

City: St. Joseph. (No. 6315 Washington St. Ward)

2. FULL NAME John O. Van Meter

(a) Residence. No. 6315 Washington St. St., 10 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 9, 1856.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	74	4	18	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Retired Farmer.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

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

PARENTS

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Frank A. Van Meter.
(Address) 6315 Washington St. St. Joseph, Mo

15. FILED MAR 30 1931, 19 John R. Bender REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) MAR. 27 1931

17. I HEREBY CERTIFY, That I attended deceased from Mar 1, 1930, to Mar 27, 1931, that I last saw him alive on Mar 26, 1931, and that death occurred, on the date stated above, at 2 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Contributory
Chronic Uremic Poisoning

131

82B Cause (duration) yrs. 3 mos. — ds.

CONTRIBUTORY (SECONDARY) Apoplexy and Interstitial Nephritis

132B (duration) 1 yrs. — mos. 27 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? Clinical

(Signed) W. A. Robertson, M. D.

Mar 28, 1931 (Address) St. Joseph 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	DATE OF BURIAL
Ashland Cemetery. March	30, 1931. 19

20. UNDERTAKER	ADDRESS
Fred D. Clark	5025 King Hill Av.

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.