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.

DEC 21 1931

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

Do not use this space. 33980

1. PLACE OF DEATH

County Buchanan — Registration District No. 86 — File No.

Township Wayne — Primary Registration District No. 5128 — Registered No. 67

City ..... (No. R F D #2, Halls Mo. ..... St. ..... Ward)

2. FULL NAME Vertie Elizabeth Dittemore

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

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: Female
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) May 17, 1898

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
33	5	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buchanan County Missouri

FATHER

13. NAME Henry M. Dittemore
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buchanan Co. Missouri

MOTHER

15. MAIDEN NAME Emma Gabbert
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leavenworth Kansas

17. INFORMANT (ADDRESS) Mrs. G. Hoffman R F D #2 Halls Missouri

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Memorial Park Cem.
PLACE St Joseph Mo. DATE Nov. 16, 1931

19. UNDERTAKER (ADDRESS) H. O. Sidenfaden 1802 Union St. St Joseph Mo.

20. FILED Nov 14 1931 J. G. Daustock Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 12, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sep 25, 1931, to Nov. 12th, 1931.
I last saw her alive on Nov. 12th, 1931. Death is said to have occurred on the date stated above, at 10:30 P M
The principal cause of death and related causes of importance were as follows:

	Date of onset
Saryngeal Tuberculosis	Dont Know
23A 23	

Other contributory causes of importance:

Pulmonary Tuberculosis	Dont Know

Name of operation none Date of
What test confirmed diagnosis? clinical & microscopical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ——— Date of injury ———, 19
Where did injury occur? ——— (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?
If so, specify none
(Signed) Albert E. Holley, M. D.
(Address) 822 Edmond St. St. Joseph Mo.