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

Do not use this space.

37275

File No.

Registered No.

1. PLACE OF DEATH
County DeKalb — Registration District No. 259
Township Dollar — Primary Registration District No. 5367
City Santa Rosa (No. , St. Ward)

2. FULL NAME Benton Leroy vonmeter

(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: m
4. COLOR OR RACE: w
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 1 1855

7. AGE: 76 YEARS, MONTHS: 3, DAYS: 27 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lumber and Hardware merchant
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) Marion Co Ohio

FATHER
13. NAME William vonmeter
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER
15. MAIDEN NAME Charolotte Burtsfield
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion Co Ohio

17. INFORMANT (ADDRESS) Scott vonmeter Santa Rosa Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Maysville Mo old cemetery DATE Nov 30 1931

19. UNDERTAKER (ADDRESS) G. S. Gromer Pattonsburg Mo

20. FILED Nov 29 1931 J. L. Phelps Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 28 1931

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1931, to Nov 20, 1931
I last saw him alive on Nov 20 1931. Death is said to have occurred on the date stated above, at Sudden
The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Block	
131	
132	
133	

Other contributory causes of importance:
Bright Disease
Albuminuria chronic

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? yes

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
(Signed) J. F. Hedrick Coroner, M. D.
(Address) Weatherby 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.

Aug 1 1937
1885
76 - 3 - 27