

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

Do not use this space.

9562

1. PLACE OF DEATH

80 County Cathlamet Registration District No. 668
Township Sedalia Primary Registration District No. 5889
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Fred L. Vallet
(a) Residence, No. R.F.D. # 6 St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 47 yrs. mos. ds., How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Louisa Vallet</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 14 - 1859</u>				
7. AGE YEARS <u>74</u>	MONTHS <u>10</u>	DAYS <u>3</u>	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>			
	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) <u>Herman Mo.</u>				
FATHER	13. NAME <u>Fred Vallet</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>			
MOTHER	15. MAIDEN NAME (unk) <u>Tooley</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>			
17. INFORMANT <u>Mrs. Fred Vallet</u> (ADDRESS) <u>R.F.D. # 6 Sedalia, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Herman Mo.</u> DATE <u>Mar. 20</u> 19 <u>32</u>				
19. UNDERTAKER <u>M^c Laughlin Bros</u> (ADDRESS) <u>Sedalia Mo.</u>				
20. FILED <u>3-8</u> 19 <u>32</u> <u>J. J. [Signature]</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-17 1932

22. I HEREBY CERTIFY, That I attended deceased from March 14th 1932 to March 17th 1932
I last saw him alive on March 16th 1932 Death is said to have occurred on the date stated above, at 4 P. m.
The principal cause of death and related causes of importance were as follows:
Chronic Nephritis Date of onset _____
131 Interstitial
93D 131
Other contributory causes of importance:
Myocarditis

Name of operation none Date of _____
What test confirmed diagnosis? None 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? No.
If so, specify _____
(Signed) Leon [Signature], M. D.
(Address) Sedalia 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.

APR 28 1932

RECORDING UNIT THIS IS A PERMANENT RECORD

