

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

Do not use this space.

28861

1. PLACE OF DEATH
 30 County Saline Registration District No. 247
 Township Wilson Primary Registration District No. 5343
 City (No. St. Ward)

2. FULL NAME Henry Vetheatal
 (a) Residence, No. St. Ward. (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) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 26, 1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
86 4 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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) Unknown 31

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT John Eaton
 (ADDRESS) Long Grove

18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty DATE 9-13-1932

19. UNDERTAKER L. B. Jones
 (ADDRESS) Buffalo mo

20. FILED 10-10-1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-12-1932

22. I HEREBY CERTIFY, That I attended deceased from 9-10-1932 to 9-12-1932

I last saw him alive on 9-11-1932 Death is said to have occurred on the date stated above, at 4 a m.

The principal cause of death and related causes of importance were as follows:

Arterio Sclerosis
90%
70%
10%
 Other contributory causes of importance:
Valvular Heart disease

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

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) L. B. Jones, M. D.
 (Address) Buffalo 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.

ACT 25 1932

