

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

Do not use this space.

38857

1. PLACE OF DEATH
 20 County Cedar Registration District No. 163
 Township Box Primary Registration District No. 5228
 City Box (No. _____) St. _____ Ward _____

2. FULL NAME William P Vittetoe
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-29-1846

7. AGE YEARS 86 MONTHS 1 DAYS 18 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer (Retired)
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 30 years
 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) Ills

MOTHER 13. NAME Stobley Vittetoe

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

15. MAIDEN NAME Emiline Gaden

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

17. INFORMANT Clarence Vittetoe
 (ADDRESS) Cedarvale Springs Mo R1

18. BURIAL, CREMATION, OR REMOVAL
 PLACE City "Care" DATE 12-19-1932

19. UNDERTAKER Gusman Siders
 (ADDRESS) Cedarvale Springs Mo

20. FILED 12-18-1932 J. W. Dawson
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec-17-1932
 22. I HEREBY CERTIFY That I attended deceased from Nov. 14, 1932, to Dec 17, 1932
 I last saw him alive on Dec 16, 1932 Death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:
Chronic interstitial nephritis
131 131 1
 Other contributory causes of importance: _____
 Date of onset _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical 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) J. W. Dawson, M. D.
 (Address) Cedarvale Springs 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.

JAN 22 1933

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