WRITE PLAINLY, WITH UNFADING INK—[illegible] 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 5 1933

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

Do not use this space.

1. PLACE OF DEATH
98 County Schuyler — Registration District No. 806 — File No. 42801
5 Township Prairie — Primary Registration District No. 4485 — Registered No.
3 City Queencity MO (No. ..... St. ..... Ward)

2. FULL NAME Audra Leone VanMeter

(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 20 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) Sept 7-1907

7. AGE: YEARS 25 — MONTHS 3 — DAYS 4 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Single 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) Near Queencity

FATHER
13. NAME ~~Audra Leone VanMeter~~ Ward
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Queencity MO

MOTHER
15. MAIDEN NAME Gracie Roberts
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO

17. INFORMANT (ADDRESS) Ward VanMeter

18. BURIAL, CREMATION, OR REMOVAL
PLACE Queencity MO DATE Dec 13, 1932

19. UNDERTAKER (ADDRESS) Wm N West Queencity MO

20. FILED 12/11, 1932 J T Jung Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec-11-, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1932, to Dec 11, 1932
I last saw her alive on Dec 11, 1932 Death is said to have occurred on the date stated above, at 9 a m.
The principal cause of death and related causes of importance were as follows:

Hemoptysis — Date of onset Dec 11

(3)

Other contributory causes of importance:
Hemophilia inclined
no other cause known

Name of operation — Date of —
What test confirmed diagnosis? — 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) A. P. Grow D.O.
(Address) Queen City MO.