

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

Do not use this space.

1. PLACE OF DEATH

County Chariton Registration District No. 175
Township Salisbury Primary Registration District No. 5243
City (No.) St. Ward)

File No. 615
Registered No. 4

2. FULL NAME

Vergil Vasser
(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 male 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 10-1908

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
24 3 21

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN).....
(STATE OR COUNTRY) Mo

10. NAME OF FATHER unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN).....
(STATE OR COUNTRY) unknown

12. MAIDEN NAME OF MOTHER Thinnie Vasser

13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....
(STATE OR COUNTRY) Mo

14. INFORMANT Jule Vasser
(Address) Salisbury Mo

15. FILED 11 1932 Gustav Thinn REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-1-1933

17. I HEREBY CERTIFY, That I attended deceased from 12-20-32 to 1-1-33, 1933 that I last saw him alive on 12-31-32, and that death occurred, on the date stated above, at 1 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Diabetes Mellitus

(duration) 4 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) 59

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Gustav Thinn, M. D.

11 1932 (Address) Salisbury Mo
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Asbury Cemetery DATE OF BURIAL 1/2 1933

20. UNDERTAKER Winkelmeier Bros ADDRESS Salisbury

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION should be stated EXACTLY. PHYSICIANS should state EXACTLY. Every item of information should be carefully supplied. AGE should be stated EXACTLY. Every item of information should be carefully supplied. AGE should be stated EXACTLY. Every item of information should be carefully supplied. AGE should be stated EXACTLY.

