AGE should be stated EXACTLY. PHYSICIANS should states seedified. Exact statement of OCCUPATION is very important. MISSOURI STATE BOARD OF HEALTH Do not use this space. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH 4606 1. PLACE OF DEATH Buzharan Andrew Registration District No. County..... Monroe Primary Registration District No...... Registered No...... 2 mi.east of Cosby, Mo. William Gerald Van Meter 2. FULL NAME..... (a) Residence, No......(Usual place of abode) (If nonresident, give city or town and State) How long in U. S., if of foreign birth? Length of residence in city or town where death occurred mos. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR Feb. 24, 1933 21. DATE OF DEATH (MONTH, DAY, AND YEAR) . 19 DIVORCED (write the word) Male White I HEREBY CERTIFY, That I attended deceased from Married Feb.24.1933 SA. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Dora Van Meter 19....., to......, 19..... (OR) WIFE OF I last saw hall alive on Sept.29,1895 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) to have occurred on the date stated above, at.... N. B.—Every item of information should be carefully supplied. AGE she CAUSE OF DEATH in plain terms, so that it may be properly classified. The principal cause of death and related causes of importance were as follows: If LESS than 1 7. AGE MONTHS DAYS **YEARS** day,hrs. Date of onse 25 37 ormin. 8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. CCUPATION 9. Industry or business in which
work was done, as slik mill,
saw mill, bank, etc...... 11. Total time (years) 10. Date deceased last worked at Other contributory causes of importance: spent in this occupation.....10 Andrew Co. 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gordon C. Van Meter FATHER 13. NAME None Date of Name of operation..... : Andrew Co. What test confirmed diagnosis?...... Was there an autopsy?..... 14. BIRTHPLACE (CITY OR TOWN). Mo: (STATE OR COUNTRY) 23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? SUICIDE Date of injury Feb. 258. MOTHER Birdie Sandusky 15. MAIDEN NAME Andrew Co. Where did injury occur?..... (Specify city or town, county, and State) 16. BIRTHPLACE (CITY OR TOWN).
(STATE OR COUNTRY) Mo: Specify whether injury occurred in industry, in home, or in public place. Gordon C. Van Meter In barn at home. 17. INFORMANT..... Helena.Mo. (ADDRESS) Manner of injury..... 18. BURIAL, CREMATION, OR REMOVAL Nature of injury Union Chapel Cemetery Feb. 26, 1933 24. Was disease or injury in any way related to occupation of deceased?... NO.s... If so, specify...... 19. UNDERTAKER Coroner, (ADDRESS) (Address & Grower) 20. FILED March

