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.

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

MAR 24 1934

Do not use this space.

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No. 4019

Township — Primary Registration District No. 1001 — Registered No. 183

City St. Joseph (No. 1230 North 8th Street. St. Ward)

2. FULL NAME Edward James Vetter.

(a) Residence, No. 1216 North 8th Street. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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) Feb 15, 1934.

7. AGE: YEARS 0 — MONTHS 0 — DAYS 0 — If LESS than 1 day, 6 hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant.
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) St. Joseph Missouri.

FATHER

13. NAME William E. Vetter.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Republic County. North Carolina.

MOTHER

15. MAIDEN NAME Marie Stockstill.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ravenwood. Missouri.

17. INFORMANT (ADDRESS) William E. Vetter. 1216 North 8th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Mora Cemetery DATE Feb 16 1934

19. UNDERTAKER (ADDRESS) H. O. Sedenfaden 1802 Union Street

20. FILED 2-16 1934 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 15 1934, 19, to February 15, 1934

I last saw him alive on Feb 15, 1934. Death is said to have occurred on the date stated above, at 5. P.m.

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

Date of onset

Cremature

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Other contributory causes of importance:

Name of operation none 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) Collis Ramsey, M. D.

(Address) Kirksaldt Bldg