

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

Do not use this space.

MAR 24 1934

54 PLACE OF DEATH
County Lafayette
Township Davis
City Corder

Registration District No. 460
Primary Registration District No. 6245274

File No. 5521
Registered No. 15
St. _____ Ward _____

2. FULL NAME Sarah Van Meter

(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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Benjamin C. Van Meter
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 29 1866
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
68 6 16
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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 Corder, Mo

13. NAME Oliver Van Meter

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Anna Corder

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) near Higginsville Missouri

17. INFORMANT Abram Van Meter
(ADDRESS) Alma, Mo.

18. BURIAL PLACE Higginsville DATE Feb 16 1934

19. UNDERTAKER (ADDRESS) Robert Meinershausen Higginsville Mo

20. FILED Feb 16 1934 William M. Melt
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 14 1934
22. I HEREBY CERTIFY, That I attended deceased from Dec 1933 to Feb 14 1934
I last saw her alive on Feb 1934. Death is said to have occurred on the date stated above, at 7:45 P.m.
The principal cause of death and related causes of importance were as follows:

Leukemia
77A
132B
77
Other contributory causes of importance: Uremia
Date of onset Insidious

Name of operation _____ Date of _____
What test confirmed diagnosis? Bl. Count 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? _____
If so, specify _____
(Signed) Ralph C. John, M. D.
(Address) Corder, Mo.

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