

SEP 29 1934

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

Do not use this space.

1. PLACE OF DEATH

County AtchinsonRegistration District No. 20Township TARKIOPrimary Registration District No. 4014City Tarkio,

(No. St. Ward)

File No. 15626-3

Registered No.

2. FULL NAME Lloyd Gerhardt Vette.

(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
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct, 24th, 1915

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	18	6	28	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work College student.

(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) Missouri.

PARENTS

10. NAME OF FATHER Henry Vette

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Iowa.12. MAIDEN NAME OF MOTHER Elizabeth Lauman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Missouri.14. INFORMANT Henry Vette(Address) Westboro, Missouri.15. FILED May 23, 1934 One Ward.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 22 193417. I HEREBY CERTIFY, That I attended deceased from that I last saw him dead, 19..... to 19..... that I last saw him alive on May 22, 1934, and that death occurred, on the date stated above, at 6:30 PM.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Deathly decaying
Asphyxiation
Tarkio College, Ark.
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Dr. R. R. Glass Chronic Atchinson Co. Mo. Fairfax 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

DATE OF BURIAL

St. Johns CemeteryMay, 23 1934

20. UNDERTAKER

Scott Tucker

ADDRESS

Westboro
Missouri

cott

ouri

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.

