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.

FEB 3 1935

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

Do not use this space.

4177

1. PLACE OF DEATH
County WEBSTER — Registration District No. 996
Township Ozark — Primary Registration District No. 198
City ..... (No. ..... , ... St. ..... Ward)

File No. .....
Registered No. 4

2. FULL NAME JOHN T. VANMETER

(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): MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-3-1869

7. AGE — YEARS: 65 — MONTHS: 8 — DAYS: 25 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION:
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. County Farm
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Occupant
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) UNKNOWN

FATHER:
13. NAME UNKNOWN
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) .....

MOTHER:
15. MAIDEN NAME UNKNOWN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) .....

17. INFORMANT Mrs. A.F. WATSON (ADDRESS) SEYMOUR, Mo RR3

18. BURIAL, CREMATION, OR REMOVAL
PLACE GENTRY CEM DATE 1-28 1935

19. UNDERTAKER K.K. KELLEY (ADDRESS) SEYMOUR Mo

20. FILED Feby 19, 1935 Elizabeth Highfill Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-28, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1935, to Jan 28, 1935
I last saw h alive on Jan. 26, 1935. Death is said to have occurred on the date stated above, at 2:00 A.M.
The principal cause of death and related causes of importance were as follows:

Nephritis Parenchymatous chronic

Date of onset .....

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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) E. M. Bailey, M. D.
(Address) Elkland Mo