

NOV 26 1935

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

33574

## 1. PLACE OF DEATH

County Perry  
 Township Paisville  
 City                      (No.                     )

Registration District No. 662  
 Primary Registration District No. 5879

File No.                       
 Registered No. 10  
 St.                      Ward                     

## 2. FULL NAME

(a) Residence, No. Joseph Vermeire  
 (Usual place of abode) Belgique Mo. St.                      Ward                     

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) 1872

7. AGE YEARS 63 MONTHS                      DAYS                      If LESS than 1 day, hrs.                      or min.                     

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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) Perry County

13. NAME Peter Vermeire

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

15. MAIDEN NAME Lizie Grisson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry County

17. INFORMANT William Vermeire (ADDRESS)                     

18. BURIAL, CREMATION, OR REMOVAL

PLACE Home Cemetery DATE Oct. 8 1935

19. UNDERTAKER                      (ADDRESS)                     

20. FILED 10-8 1935 J. P. DeKamus Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-7 193522. I HEREBY CERTIFY, That I attended deceased from                     , 19                    , to                     , 19                    .I last saw him alive on                     , 19                    . Death is saidto have occurred on the date stated above, at                      m.

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

Corned to his death  
hanging himself  
Suicide  
                      
                      
                    

Other contributory causes of importance: mental condition  
                      
                    

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? suicide Date of injury                     , 19                    Where did injury occur? Home (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place.                     Manner of injury hanging by neckNature of injury By rope in his home24. Was disease or injury in any way related to occupation of deceased?                     If so, specify                     (Signed) W. H. DeKamus, M. D.(Address)

