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

JAN 18 1937

Do not use this space.

43911

1. PLACE OF DEATH

County BUCHANAN — Registration District No. 86 — File No.

Township WASHINGTON — Primary Registration District No. 5127 — Registered No. 101

City ST. JOSEPH, MO. (No. 40TH AND MESSANIE St. Ward)

2. FULL NAME WILLIAM WALTER VAETH JR.

(a) Residence, No. 908 NORTH 20TH ST. 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): INFANT

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): MARCH 4, 1936.

7. AGE: YEARS 0 — MONTHS 9 — 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.: NONE
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): LOS ANGELES, CALIF.

FATHER

13. NAME: WILLIAM WALTER VAETH
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ST. JOSEPH, MISSOURI

MOTHER

15. MAIDEN NAME: VALLENE SALISBURY
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): COUNCIL BLUFFS, IOWA.

17. INFORMANT (ADDRESS): WILLIAM VAETH, 908 NORTH 20TH, ST. JOSEPH,

18. BURIAL, CREMATION, OR REMOVAL
PLACE MT. MORA CEMETERY DATE DEC 30, 1936

19. UNDERTAKER (ADDRESS): FLEEMAN & SON INC. 1946 COLHOUN ST. ST. JOSEPH, MO.

20. FILED Dec. 30, 1936 B. W. Tadlock M.D. MH Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): DECEMBER 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 29th, 1936 to Viewed, 19..

I last saw h. I.M. alive on ....., 19.... Death is said to have occurred on the date stated above, at 8:30 A.m.

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

Broncho Pneumonia following Acute cold and Bronchitis — Date of onset 12/24/36

Other contributory causes of importance: none

Name of operation ..... Date of .....

What test confirmed diagnosis? History 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) B. W. Tadlock Coroner, M. D.

(Address) St Joseph Mo.