

MAR 25 1937

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

Do not use this space.

1. PLACE OF DEATH

County St. Francois Co.
Township Liberty Twp.
City _____ (No. _____) St. _____ Ward _____

Registration District No. 1115File No. 7959Primary Registration District No. 6021Registered No. _____

2. FULL NAME

Sadie Josephine VanMetter

(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 Samuel VanMetter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 12, 1906

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
30 7 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) Madison Co. Mo.13. NAME John Wright14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.15. MAIDEN NAME Mary Smith16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio17. INFORMANT Mrs. Wright - Mother18. BURIAL, CREMATION, OR REMOVAL PLACE Cross Roads Cemetery DATE 3/2 193719. UNDERTAKER none (ADDRESS) _____20. FILED 3-2 1937 F. G. A. Rydeen Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1937 to Feb. 28, 1937
Deceased was alive on Feb. 27, 1937. Death is said to have occurred on the date stated above, at 2 A. m.
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia
Rt. side 2 Lobe
Date of onset _____

Other contributory causes of importance: 108
Fibrous exudat.
Delayed resolution

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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 _____, 1937
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 none
Nature of injury 20

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify _____

(Signed) M. B. T. Barber, M. D.
(Address) Fredericktown, Mo.

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.

