JUL 27 1937

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

Do not use this space.

23575

File No. 3

Registered No.

1. PLACE OF DEATH

County Daviess — Registration District No. 254

Township ~~Pattonsburg~~ — Primary Registration District No. 4154

City Pattonsburg (No. 2 St. Ward)

2. FULL NAME Earl C. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
M	W	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 18/1883

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
53	4	2	

10

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Insurence Agent

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Ohio
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Wm VanMeter

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Amanda Hamilton

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Unknown

14. INFORMANT Mrs Edith VanMeter
(Address) Pattonsburg, Mo.

15. FILED 2-22-37, 19 Frances C Sutton
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2/20/37 19

17. I HEREBY CERTIFY, That I attended deceased from July 36 ~~Feb 20~~, 1937, to Feb 20, 1937 that I last saw him alive on 2/20/37, 19, and that death occurred, on the date stated above, at 6-20 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Pancreatitis

128

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Duodenitis Chronic

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) John B Parker, M. D.

, 19 (Address) Pattonsburg 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
Marion, Ohio	2/24/37 19

20. UNDERTAKER	ADDRESS
G S Gromer	Pattonsburg, 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.