

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

RECORDED MAR 14 1938

5926

Do not use this space.

1. PLACE OF DEATH

(a) County Andrew
(b) Township Jefferson
(c) City Jefferson

Registration District No. 13
Primary Registration District No. 6017

Registered No.

(d) Street No.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 514 mi. South West of Savannah St. 514
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Blonde Wampler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 8 - 1898

7. AGE YEARS 39 MONTHS 7 DAYS 10 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as 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) Andrew CO (STATE OR COUNTRY) MO

FATHER 13. NAME Phillip Vetter

14. BIRTHPLACE (CITY OR TOWN) Andrew CO (STATE OR COUNTRY) MO

MOTHER 15. MAIDEN NAME Levella Mosser

16. BIRTHPLACE (CITY OR TOWN) Andrew CO (STATE OR COUNTRY) MO

17. INFORMANT Blonde Wampler (ADDRESS) Savannah MO

18. BURIAL, CREMATION, OR REMOVAL PLACE Savannah DATE 2-20 1938

19. FUNERAL DIRECTOR E. B. Breit (ADDRESS) Savannah MO

20. FILED 2-19 1938 Mrs A. R. King Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-18 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 12 1938, to Feb. 18 1938

I last saw her alive on Feb. 18 1938 Death is said to have occurred on the date stated above, at 11:30 a.m.

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

Myocarditis Acute
93 A -

Other contributory causes of importance: Cholelithiasis

Name of operation Physical Date of 2-14-38
What test confirmed diagnosis Physical 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) Ralph P. Kelley M. D.
(Address) Savannah MO

STATEMENT BY LICENSED EMBALMER

I, E. C. Breit, Licensed Embalmer No. 2650
hereby certify that the body recorded on the reverse side of this certificate was embalmed by E. C. Breit
..... L. E.
No. or by, Registered Apprentice No.
working under my personal supervision.

Signed E. C. Breit
Licensed Embalmer No. 2650

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)