CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCT NOV 3 1938

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

Do not use this space.

1. PLACE OF DEATH
County Warren
Township Charette
City Marthasville (No. ..... St. ..... Ward)

Registration District No. 884
Primary Registration District No. 6176

File No. 37110
Registered No. 26

2. FULL NAME George Vetter
(a) Residence, No. Emmanuel Home St., ... Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 32 yrs. 11 mos. 26 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) Sept 10, 1894

7. AGE 44 YEARS — MONTHS 11 DAYS If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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) Fremont Tpk. Ia.

FATHER
13. NAME Jacob Vetter
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

MOTHER
15. MAIDEN NAME ? Not known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ? Not known

17. INFORMANT (ADDRESS) C. F. Sturm Marthasville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Noshua Iowa. DATE Sept 29 1938

19. UNDERTAKER (ADDRESS) Fred W. Lichtenberg Marthasville Mo

20. FILED Sept 27, 1938 G. C. Johnson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct, 1923, to Sept 26, 1938
I last saw him alive on Sept 26, 1938 Death is said to have occurred on the date stated above, at 9 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis with Cadema of the feet	2 years ago

Other contributory causes of importance:

Epilepsy	30 years

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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? .....
If so, specify .....
(Signed) G. C. Johnson, M. D.
(Address) Marthasville Mo