

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

Do not use this space.

15314

1. PLACE OF DEATH

County McDonnell
Township Richwood
City Richwood (No)

Registration District No. 1167
Primary Registration District No. 5699

File No. _____
Registered No. 5
St. _____ Ward _____

2. FULL NAME

Edward Veltun

(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

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

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

M. E. Veltun

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

July 14 1848

7. AGE

YEARS	MONTHS	DAY	If LESS than 1 day, hrs. or min.
<u>80</u>	<u>8</u>	<u>20</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Mechanic
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

England

10. NAME OF FATHER

Samuel Veltun

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

England

12. MAIDEN NAME OF MOTHER

Myrtle Lion

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

England

14. INFORMANT

(Address)

M. E. Veltun
Rocky Camp R.F.D.

15. FILED

Apr 6 1929 E. Edmondson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 4 1929

17.

I HEREBY CERTIFY, That I attended deceased from Apr 1 1929 to Apr 4 1929 that I had seen him alive on Apr 1 1929 and that death occurred, on the date stated above, at Richwood, Mo.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Met. of Regeneration
97% (duration) 1 yrs. 3 mos. ds.

CONTRIBUTORY (SECONDARY)

90% (duration) 1 yrs. 3 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? of systematic

(Signed) [Signature], M. D.

, 19 (Address) Richwood, 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

Rocky Camp R.F.D. Apr 5 1929

20. UNDERTAKER

ADDRESS

Fogies Undertaking Wheeler

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.

WHILE FATHER, WITH CONFIDING INK—THIS IS A PERMANENT RECORD

60
8
8
8

