PLACE OF DEATH Howard
~~Chariton~~
Chariton

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

Registration District No. 379 File No. 12409

Primary Registration District No. 55-29 Registered No.

(NO. , St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Fredrick X Nordmeyer

**PERSONAL AND STATISTICAL PARTICULARS**

COLOR OR RACE: W

SINGLE ~~MARRIED~~ ~~WIDOWED~~ ~~OR DIVORCED~~ (Write the word): Single

F BIRTH: July 12 (Month) (Day), 1895 (Year)

24 yrs. 8 mos. 12 ds. If LESS than 1 day, hrs. or min.?

TION
. profession, or
r kind of work: Farming

ral nature of industry,
, or establishment in
nployed (or employer): Farming

ACE
wn,
reign country): Chariton County Mo

ME OF
THER: Charles Nordmeyer

RTHPLACE
FATHER
ty or town, State or foreign country): Chariton Co

IDEN NAME
MOTHER: Rosa Zellner

RTHPLACE
MOTHER
ty or town, State or foreign country): Switzerland

OVE IS TRUE TO THE BEST OF MY KNOWLEDGE

nt): Philip Nordmeyer

ADDRESS): Glasgow Mo.

-25-20, 191 , W M Pritchett
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH: March (Month) 24 (Day), 1920 (Year)

I HEREBY CERTIFY, that I attended deceased from Dec, 1920, to March 20, 1920, that I last saw him alive on March 20, 1920, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Illum

46 ?

(Duration) yrs. 9 mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) W R Hawkins M. D.

3-26, 1920 (Address) Glasgow Mo

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted if not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL: Washington Cemetery Glasgow

DATE OF BURIAL: Mar 25, 1920

UNDERTAKER: Ed A Wengler

ADDRESS: Glasgow Mo

## PLACE OF DEATH

County _____

Township _____
or
Village _____
or
City _____ (NO. _____, _____ St.; _____ Ward)

# MISSOURI STATE BOARD OF HE
## BUREAU OF VITAL STATISTICS
### CERTIFICATE OF DEATH

Registration District No. _____ File No. _____

Primary Registration District No. _____ Registered No. _____

[If death o
hospital or
give its NA
of street and

**FULL NAME** _____

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | COLOR OR RACE | SINGLE MARRIED WIDOWED OR DIVORCED (*Write* the word) |
|---|---|---|
| | | |

DATE OF BIRTH _____, 1 _____
(Month) (Day) (Year)

AGE _____ yrs. _____ mos. _____ ds. If LESS than 1 day, _____ hrs. or _____ min.?

OCCUPATION
(a) Trade, profession, or particular kind of work _____

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

BIRTHPLACE (City or town, State or foreign country) _____

PARENTS

NAME OF FATHER _____

BIRTHPLACE OF FATHER (City or town, State or foreign country) _____

MAIDEN NAME OF MOTHER _____

BIRTHPLACE OF MOTHER (City or town, State or foreign country) _____

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) _____

(ADDRESS) _____

Filed _____, 191____, _____
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH _____
(Month) (Day)

I HEREBY CERTIFY, that I attended decea
_____, 191____, to _____
that I last saw h _____ alive on _____
and that death occurred, on the date stated above, at _____
The CAUSE OF DEATH* was as follows:

_____

_____

_____

_____ (Duration) _____ yrs. _____ mos.

Contributory _____
(SECONDARY)

_____ (Duration) _____ yrs. _____ mos.

(Signed) _____

_____, 191____ (Address) _____

*State the Disease Causing Death, or, in deaths from Violent C
(1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRAN
RECENT RESIDENTS)

At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos.

Where was disease contracted if not at place of death? _____

Former or usual residence _____

| PLACE OF BURIAL OR REMOVAL | DATE OF BURI |
|---|---|
| UNDERTAKER | ADDRESS |