AUG 17 1927

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

Do not use this space.

1. PLACE OF DEATH
County Marion — Registration District No. 547 — File No. 21960
Township ~~Marion~~ — Primary Registration District No. 3829 — Registered No. 217
City Hannibal (No. 910 Reservoir St. 1 Ward)

2. FULL NAME Louise Meyer
(a) Residence. No. 910 Reservoir St., 1 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Fred. Meyer
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Apr. 15 1851
7. AGE: Years 76 — Months 2 — Days 26 — If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired
(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): Ohio
PARENTS
10. NAME OF FATHER: Joseph Stuckler
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): ~~Ohio~~ Ohio
12. MAIDEN NAME OF MOTHER: Dent/Emma
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): " "
14. INFORMANT: Mr. Fred Meyer
(Address) Hannibal Mo
15. FILED 8/1, 1927 — C. Strode, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 7-10-1927
17. I HEREBY CERTIFY, That I attended deceased from June 10th, 1927, to July 10, 1927, that I last saw her alive on the 8th July, 1927, and that death occurred, on the date stated above, at 6:30 a.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS: Carcinoma of Stomach
H4A
(duration) 2 yrs. mos. ds.
CONTRIBUTORY (SECONDARY): general metastasis
(duration) yrs. 6 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?
(Signed) W. F. Francis M.D.
, 19 (Address) 1209 Market

*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: Mt Olivet Cemetery — DATE OF BURIAL: 7-13-1927
20. UNDERTAKER: James O'Donnell — ADDRESS: Hannibal

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.