24 1928 Maupin

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

Do not use this space.

8457

1. PLACE OF DEATH
County Franklin — Registration District No. 2996 — File No.
Township Union — Primary Registration District No. 5 6 1 3 — Registered No.
City Clover Bottom (No. ..... St. ..... Ward)

2. FULL NAME William W. Meyer
(a) Residence. No. 11/Miles South West of Washington Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 6 yrs. mos. 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Martha Groppe

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 10th-1869

7. AGE: Years 58 — Months 5 — Days 5 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Clover Mottom
(STATE OR COUNTRY) Lyon Twp. Franklin Co Mo

PARENTS
10. NAME OF FATHER John Meyer
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Anna Foerster
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany

14. INFORMANT Martha Groppe.Meyer
(Address) R F D # 1 Krakow Mo

15. Mch 20, 1928 E. A. Steinberger REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 18 1928

17. I HEREBY CERTIFY, That I attended deceased from May 1, 1928, to Mar. 18, 1928 that I last saw him alive on Mar. 16, 1928, and that death occurred, on the date stated above, at 4 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer of small intestines
46C
(duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? At place of death
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? No clinical
(Signed) J. D. Maupin, M. D
3/18, 1928 (Address) Washington 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: Union School Burial Grounds — DATE OF BURIAL: Mar 20 1928

20. UNDERTAKER: Otto & Co. By Geo H. Otto — ADDRESS: Washington Mo

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.