

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

Do not use this space.

19614

1. PLACE OF DEATH

County St.oddard
Township Liberty
City (No.)

Registration District No. 838
Primary Registration District No. 6098R

File No.
Registered No. 25
St. Ward)

2. FULL NAME

Joseph Paul Meyer

(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 Mary K. Meyer

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 23 - 1903

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>24</u>	<u>8</u>	<u>30</u>	

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) Farming
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Genevieve
(STATE OR COUNTRY) MO.

10. NAME OF FATHER Henry Meyer

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Windsor
(STATE OR COUNTRY) MO.

12. MAIDEN NAME OF MOTHER Regina L. Smith

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Jill
(STATE OR COUNTRY) MO.

14. INFORMANT Henry Meyer
(Address) Dexter Mo.

15. FILED 5/14, 19.28. F. LaRue
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May - 13 - 1928

I HEREBY CERTIFY, That I attended deceased from Mich. 12, 1928, to May 13, 1928
that I last saw him alive on Jan. 13, 1928, and that death occurred, on the date stated above, at 11:15 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis

23A
23B
(duration) 1 yrs. - mos. - ds.
CONTRIBUTORY Pulmonary hemorrhages
(SECONDARY)
(duration) 2 mos. - ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Detroit Michigan

0 DID AN OPERATION PRECEDE DEATH? No. DATE OF 1

WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Chemical
(Signed) F. LaRue, M. D.
, 19 (Address) Dexter 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 Dexter Cemetery DATE OF BURIAL May 15 1928

20. UNDERTAKER C. S. Biggs ADDRESS Dexter 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.

JUL 10

