

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

Do not use this space.

19865

**1. PLACE OF DEATH**

County..... Benton ..... Registration District No. 59  
 Township..... Williams ..... Primary Registration District No. 4034  
 City..... Cole Camp (No. ....) ..... St. .... Ward.....

File No. ....  
 Registered No. 25

**2. FULL NAME** John Peter Meisner

(a) Residence. No. .... St. .... Ward. ....  
 (Usual place of abode) .....  
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

**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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2-6-1886

7. AGE 42 YEARS 4 MONTHS 21 DAYS If LESS than 1 day, .... hrs. or .... min.

8. OCCUPATION OF DECEASED Blacksmith  
 (a) Trade, profession, or particular kind of work  
 (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) Missouri

PARENTS

10. NAME OF FATHER Martin Meisner

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

12. MAIDEN NAME OF MOTHER Lena Meisner

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

14. INFORMANT Mrs. Peter Meisner  
 (Address) Cole Camp Mo

15. FILED July 2, 1928 Harry Bay REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-27-1928 19  
 17. I HEREBY CERTIFY, That I attended deceased from 6-18-28 to 6-27, 1928  
 that I last saw him alive on 6-26, 1928, and that death occurred, on the date stated above, at 3:15 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Septicemia of unknown origin  
 (duration) yrs. mos. 7 da.  
 CONTRIBUTORY (SECONDARY) acute myocardial failure  
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH:  no

DID AN OPERATION PRECEDE DEATH?  no DATE OF

WAS THERE AN AUTOPSY?  no

WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) C. H. Brady M. D.

6-30, 1928 (Address) Cole Camp 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 Tr Lutheran Cemetery DATE OF BURIAL 6-29-28

20. UNDERTAKER E. L. Eickhoff ADDRESS Cole Camp

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.

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