

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

Do not use this space.

22952

1. PLACE OF DEATH

County Benton  
Township Cole  
City (No. ....) .....

Registration District No. 59  
Primary Registration District No. 5099

File No. ....  
Registered No. 29  
St. .... Ward

2. FULL NAME

Mrs John Henry Meyer

(a) Residence No. .... St. .... Ward.  
(Usual place of abode)

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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

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

John H Meyer

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

11-28-1866

7. AGE

61 YEARS

9 MONTHS

23 DAYS

If LESS than 1 day, .... hrs. or .... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home

(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

10. NAME OF FATHER Gerd Cordes

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Ann Lutjen

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Germany

14. INFORMANT John H Meyer

(Address) Lincoln Mo R F D

15. Aug 1 1928 Harry Bau

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-21 1928

17. I HEREBY CERTIFY That I attended deceased from 7-23, 1927, to 3-29, 1928 that I last saw h. .... alive on 2-15-27, 1928, and that death occurred, on the date stated above, at 2 15 A m.

THE CAUSE OF DEATH\*\* WAS AS FOLLOWS:

92C  
1029 Hypertension  
Chronic myocarditis  
(duration) 5 yrs. .... mos. .... ds.

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? No

DID AN OPERATION PRECEDE DEATH? DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) C. H. Brady, M. D.

7-27-1928 (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

Mt Hulda Cemetery

DATE OF BURIAL

7-22 1928

20. UNDERTAKER

E. J. Eickhoff

ADDRESS

Cole Camp 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.

