MAR 21 1929

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

Do not use this space.

5489

85

1. PLACE OF DEATH

County Buchanan — Registration District No. 1001 — File No.

Township — Primary Registration District No. — Registered No. 150

City St. Joseph, (No. Missouri Methodist Hospital. St. Ward)

2. FULL NAME John H. Meyer

(a) Residence. No. St., Ward. Pattonsburg, Mo.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 9 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

11
6
9

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ida E. Meyer

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct, 8, 1850

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	78	3	27	

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

1

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) LaPorte, Indiana

2

PARENTS

10. NAME OF FATHER Henry Meyer

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

10

12. MAIDEN NAME OF MOTHER Sarah Snyder

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) LaPorte, Ind.

2

14. INFORMANT O.D. Meyer
(Address) Pattonsburg, Mo.

15. FILED 2/7, 1929 John G. Fitz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb, 5, 1929 19

17. I HEREBY CERTIFY, That I attended deceased from Dec 25, 1928, to Feb 5, 1929 that I last saw him alive on Feb 4, 1929, and that death occurred, on the date stated above, at 4.35 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Thrombo phlebitis

137

100A

130

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (SECONDARY) Hypertrophied Prostate

(duration) 10 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

1 DID AN OPERATION PRECEDE DEATH? Yes No DATE OF Jan 15/29

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Charles Greenberg, M. D

Feb. 5, 1929 (Address) Phys & Surg. Bldg

*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 Pattonsburg, Missouri — DATE OF BURIAL Feb. 7, 1929

20. UNDERTAKER [illegible] Meinhoffer 1302 — ADDRESS Faraon St.