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

Do not use this space.

8559

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 2226

City ..... (No. 4973a Fountain St. ..... Ward)

2. FULL NAME Alice Meyers

(a) Residence. No. 4973a Fountain St., 12 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Meyers

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 14-1856

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
72	7	2	

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

235

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind

2

PARENTS

10. NAME OF FATHER Peter Pechenkamp

2

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

12. MAIDEN NAME OF MOTHER Sue Galman

2

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

14. INFORMANT Hattie Meyers
(Address) 4973a Fountain

15. FILED FEB 13 1929 Max C. Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

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

17. I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1929 to Feb. 16, 1929 that I last saw her alive on Feb. 16, 1929, and that death occurred, on the date stated above, at 5:50 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arterio sclerosis
82A
97
..... (duration) 6 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Cerebral hemorrhage
..... (duration) ..... yrs. ..... mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? Physical findings

(Signed) H H Helbing, M. D.
2-16, 1929 (Address) 4963 Fountain

*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	DATE OF BURIAL
Owensboro K.Y.	2-17 1929
20. UNDERTAKER	ADDRESS
McLaughlin	1631 Mo. ave.

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.