R 25 1929

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.

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

Do not use this space.

11383

1. PLACE OF DEATH
County: Lawrence — Registration District No.: 475 — File No.: 5
Township: Spring River — Primary Registration District No.: 5639 — Registered No.: 15
City: Verona (No. ..... St. ..... Ward)

2. FULL NAME: Fred Henry Meier
(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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: Orpha Meier

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan 31- 1878

7. AGE: Years 3-1 | Months 1 | Days 28 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Laborer
(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): Washington Co. Illinois

PARENTS
10. NAME OF FATHER: Christ Meier
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Westphal Germany
12. MAIDEN NAME OF MOTHER: Sophie Straffer
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Westphal Germany

14. INFORMANT: Christ Meier
(Address): Verona Mo

15. FILED 3/29 1929 J Will Smith REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): Mar 29 1929

17. I HEREBY CERTIFY, That I attended deceased from 3/28, 1929, to 3/29, 1929 that I last saw him alive on 3/29, 1929, and that death occurred, on the date stated above, at 9:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Gangrene of Left foot and leg.
131
98B (duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (SECONDARY): Chronic Brights Disease
(duration) 7 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 1290
2 DID AN OPERATION PRECEDE DEATH? yes DATE OF 3/28/29
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) J Will Smith, M. D
3/29 1929 (Address) Verona, 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: Spring River Cem. Verona Mo. — DATE OF BURIAL: 3/31/1929

20. UNDERTAKER: W R Wilks — ADDRESS: Verona Mo.

55
8
6
237
2
10
10