

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

Do not use this space.

20875

1. PLACE OF DEATH

County Cape Girardeau

Registration District No. 125

Township 0

Primary Registration District No. 3009

City Cape Girardeau Mo (No. St. Ma Hospital)

File No.

Registered No. 134

St. Ward)

2. FULL NAME Mcneaney or Charles Frederick

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

Length of residence in city or town where death occurred yrs. mos. 16 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)

male

Caucasian

married

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

Mr. Addie Meestum

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

Sept 23 - 1860

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

68

8

13

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Banker

(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)

Germany

10. NAME OF FATHER

unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

unknown

12. MAIDEN NAME OF MOTHER

unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

unknown

14. INFORMANT

(Address)

Mr. Robt Mcneaney
H. deon Mo

15. FILED

DATE

6/7, 1929

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-6 1929

17. I HEREBY CERTIFY, That I attended deceased from May 20, 1929, to June 6, 1929
(that I last saw him alive on April 6, 1929, and that death occurred, on the date stated above, at 2:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Diabetes Mellitus

(duration) 4 yrs. mos. ds.

CONTRIBUTORY Ch. myocarditis - hypertatic (SECONDARY)

pneumonia (duration) 1/2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT A PLACE OF DEATH Gideon Mo

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Blood

(Signed) Carl W. Zimmerman M. D.

, 19 (Address)

*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

Ashley, Illinois June 9 1929

20. UNDERTAKER

ADDRESS

Cl Buntap 536 Broder

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.

16
24
122
2
8
131
10
31
31

