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

Do not use this space.

24267

1929 30

1. PLACE OF DEATH
County Franklin — Registration District No. 292 — File No.
Township BOEHFF — Primary Registration District No. 5410 — Registered No.
City (No. St. Ward)

2. FULL NAME CHRISTIANA R. Meyer
(a) Residence. No. St. 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: 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: WIFE of H. H. Meyer

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept 24 1856

7. AGE: Years 72 — Months 8 — Days 26 — If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(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): Berger Mo

PARENTS
10. NAME OF FATHER: Hy Oberwortmann
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: NEETHGEL
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT: H H Meyer
(Address): Berger Mo

15. FILED 7/21 1929 A J Sherb REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 20 1929

17. I HEREBY CERTIFY, That I attended deceased from 7-20-, 1927, to 7-20-, 1929 that I last saw her alive on 7-18-, 1929, and that death occurred, on the date stated above, at 3 PM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchiectasis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

998

18. WHERE WAS DISEASE CONTRACTED?
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) W. F. Einbeck, M. D
7-21-, 1929 (Address) New Haven 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: Evang S Johns — DATE OF BURIAL: July 22 1929

20. UNDERTAKER: Herman Blumer — ADDRESS: Berger 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.