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

Do not use this space. 31176-#

1. PLACE OF DEATH
County Jefferson — Registration District No. 421 — File No.
Township Joachim — Primary Registration District No. 4349 — Registered No. 94
City Festus (No. , St. Ward)

2. FULL NAME Flora Marie 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 17, 1929

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	---	4	27	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None-infant
(b) General nature of industry, business, or establishment in which employed (or employer) ----
(c) Name of employer ------

9. BIRTHPLACE (CITY OR TOWN) Festus
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Benjiman L. Meyer
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Perry County Missouri
12. MAIDEN NAME OF MOTHER Ida Wucher
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Perry County Missouri

14. INFORMANT Ida Meyer.
(Address) Festus Missouri

15. FILED Sept 15 1929 J. E. Rutledge REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 14 1929

17. I HEREBY CERTIFY, That I attended deceased from Sept 7, 1929, to Sept 14, 1929 that I last saw her alive on Sept 14, 1929 and that death occurred, on the date stated above, at 2 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
110 B 158 Ileo Colitis
(duration) yrs. mos. 7 ds.
CONTRIBUTORY (SECONDARY) Congenital weakness
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH 8 13 B
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. E. Rutledge, M. D.
9/15, 1929 (Address) Festus, 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 Festus Mo — DATE OF BURIAL 9-15 1929

20. UNDERTAKER Duestu & Vinyard — ADDRESS Festus 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.