

MAR 25 1930

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

Do not use this space.

4377

1. PLACE OF DEATH

County Chariton

Registration District No. 175

Township Chariton

Primary Registration District No. 6248

City (No.)

File No.

Registered No. 14

St. Ward)

2. FULL NAME

Gerald Ehart 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

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Baby

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

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

Oct 5 1929

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

4

21

8. OCCUPATION OF DECEASED

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

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Forest Green Mo

(STATE OR COUNTRY)

10. NAME OF FATHER

Rudolph Meyer

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Mo

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Louise Sanders

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Mo

(STATE OR COUNTRY)

14.

INFORMANT (Address)

Rudolph Meyer Forest Green Mo

15.

FILED

7/26 1930 W. C. Hartman

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 26 1930

17.

I HEREBY CERTIFY, That I attended deceased from July 21 1930, to July 26 1930, that I last saw him alive on July 25 1930, and that death occurred, on the date stated above, at 6 A.M.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Colitis

CONTRIBUTORY (SECONDARY)

1130

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?

(Signed) W. C. Hartman, M. D.

726, 1920 (Address) Roanoke 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

DATE OF BURIAL

Lutheran Cem

Feb 27 1930

20. UNDERTAKER

ADDRESS

Wendell A. Ardley Chicago Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Physicians should state EXACTLY. AGE should be stated EXACTLY. PHYSICIANS should state EXACTLY. Occupation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state EXACTLY.

