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

Do not use this space.

5048 705

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kaw — Primary Registration District No. 1002 — Registered No.
City Kansas City Mo (No. St Mary Hos St. Ward)

2. FULL NAME Frederick Meyer
(a) Residence. No. 3510 Campbel St., 6 Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 30 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)
Male	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 24 - 1855

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
74	5	20	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) Jeweler
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

PARENTS
10. NAME OF FATHER Frederick W Meyer
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Not Known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT Frederick W Meyer
(Address) Lowangles Cl

15. FILED 2/15, 1930 M. M. Crowe REGISTRAR
ass'l

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 14 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb 3, 1930, to Feb 14, 1930 that I last saw him alive on Feb 14, 1930 and that death occurred, on the date stated above, at 9 40 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Toxemia from Intestinal Gangrene, ~~[illegible]~~
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Intestinal obstruction
10 days (duration) yrs. mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED Home
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? Yes DATE OF Feb 6/30
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) H J McKinnon, M. D.
2/14, 1930 (Address) Medical Arts Bldg

*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 Mt Washington Cem — DATE OF BURIAL Feb 17 1930

20. UNDERTAKER John W Wagner — ADDRESS 1409 Grand Ave

CAUSE OF DEATH

Va 4540