

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

Do not use this space.

18924

1. PLACE OF DEATH

County Black
Township Kahoka
City Kahoka (No. _____)

Registration District No. 190
Primary Registration District No. 4113

File No. _____
Registered No. 25
St. _____ Ward _____

2. FULL NAME

Anna B 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

W.

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

Married

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

Joseph W. Meyer

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

Dec 27, 1860

7. AGE

Years 6.9 Months 5 Days 14

If LESS than 1 day, _____ hrs. or _____ min.

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

House Wife

9. BIRTHPLACE (CITY OR TOWN)

Ft. Madison Iowa

10. NAME OF FATHER

Charles Beaker

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

12. MAIDEN NAME OF MOTHER

Frances A. Winter

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

14. INFORMANT

(Address)

Joseph W. Meyer
Kahoka Mo.

15. FILED

July 17, 1930

J. H. Higgins

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

June 11 1930

17.

I HEREBY CERTIFY, That I attended deceased from June 11, 1930, to June 11, 1930, and that I last saw him alive on June 11, 1930, and that death occurred, on the date stated above, at 3 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cardiac Valvular Lesion
92A

CONTRIBUTOR (SECONDARY)

POW

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?

Physical Diag

(Signed) A.C. Bridges, M.D.

6/14, 1930 (Address)

Kahoka 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

Kahoka Cemetery

6/14 1930

20. UNDERTAKER

ADDRESS

Fred J. Harle Kahoka Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

K. 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.

Aug - 0 1930

