OCT 28 1930

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

Do not use this space.

29107

1. PLACE OF DEATH

County: Boone — Registration District No. 73

Township: Columbia — Primary Registration District No. 3066

City: Columbia (No. ..... St. ..... Ward)

File No. .....

Registered No. 191

2. FULL NAME Arthur John Meyer

(a) Residence. No. 30 S. Glenwood 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)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 6-24-1878

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	52	2	26	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Director Agriculture Extention.

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

(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Milwaukee County (STATE OR COUNTRY) Wis.

PARENTS

10. NAME OF FATHER John Meyer

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Rochester (STATE OR COUNTRY) N. Y.

12. MAIDEN NAME OF MOTHER Sophia Rohr

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Rochester (STATE OR COUNTRY) N. Y.

14. INFORMANT Mrs. A. J. Meyer (Address) Columbia Mo

15. FILED 9-22-1930 F. C. Luggett REGISTRAR By A. Selby

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9/19 1930.

17. I HEREBY CERTIFY, That I attended deceased from Oct 19, 1929, to Sept 19, 1930, that I last saw him alive on Sept 15, 1930, and that death occurred, on the date stated above, at 10 to 1 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic ~~Lab~~ Infection Endo-carditis

181

926

911 (duration) ..... yrs. 11 mos. 9 ds.

CONTRIBUTORY (SECONDARY) Chronic nephritis

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? No. DATE OF .....

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) A W Kamp Schmidt, M. D.

5-15, 1932 (Address) Columbia

*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
Columbia	9/22 1930
20. UNDERTAKER	**ADDRESS**
W H Vandeventer	Columbia 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.