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

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.

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

DEC 29 1930

Do not use this space. 32725

File No. 144
Registered No. 144

1. PLACE OF DEATH
County: Holt
Township: Forbes
City: (No. ..., ... St. ... Ward)
Registration District No. 374
Primary Registration District No. 5521

2. FULL NAME: Elnora C. Meyer
(a) Residence. No. ... St. ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 43 yrs. — mos. — ds. How long in U. S., if of foreign birth? 51 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): widowed

5A. IF ~~MARRIED, WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF: John F. Meyer

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sep 23 1853

7. AGE: Years 77 | Months 1 | Days 1 | If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: at home
(b) General nature of industry, business, or establishment in which employed (or employer): none
(c) Name of employer: self.

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

PARENTS
10. NAME OF FATHER: — Kruger
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Germany

14. INFORMANT: Mrs C. Wales
(Address): Forbes mo.

15. FILED Dec 10, 1930 Clarence T. Harper REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct 24 1930

17. I HEREBY CERTIFY, That I attended deceased ~~from~~ on Oct 23, 1930, to ..., 19..., that I last saw h. ~~live~~ alive on Oct 23, 1930 and that death occurred, on the date stated above, at 6:15 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Valvular Heart Disease probably chronic
(duration) ... yrs. ... mos. ... ds.
CONTRIBUTORY (SECONDARY)
(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? No
WHAT TEST CONFIRMED DIAGNOSIS? Gross
(Signed) F. E. Bullock, M. D.
10-25-1930 (Address) Fort City 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: Forbes mo.
DATE OF BURIAL: Oct 26 1930

20. UNDERTAKER: Leslie Rettjohn
ADDRESS: Oregon Mo