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.

APR 21 1931

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

1. PLACE OF DEATH
County: GASCONADE
Township: ROARK
City: ..... (No. ..... St. ..... Ward)

Registration District No. 303
Primary Registration District No. 5420

File No. 9443
Registered No. 8

2. FULL NAME: HOMER OSWALD 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
MALE	WHITE	SINGLE

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): FEB 2 - 1931

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	0	1	2	

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): WASHINGTON
(STATE OR COUNTRY): MO

PARENTS
10. NAME OF FATHER: OSWALD MEYER
11. BIRTHPLACE OF FATHER (CITY OR TOWN): R2
(STATE OR COUNTRY): HERMANN MO
12. MAIDEN NAME OF MOTHER: FLORENCE VOLLERTS
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): HERMANN MO
(STATE OR COUNTRY): HERMANN MO

14. INFORMANT: Oswald Meyer
(Address): Hermann Mo R#2

15. FILED 3-4 1931 Arnold Rickert
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

4 a5 AM

16. DATE OF DEATH (MONTH, DAY AND YEAR): MARCH 4 1931

17. I HEREBY CERTIFY, That I attended deceased from Febr 19, 1931, to Mar 4, 1931, that I last saw him alive on Mar 3, 1931, and that death occurred, on the date stated above, at 4:05 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Urlhmanon, glandular
swelling, suppuration
high fever, ending in coma
105 (duration) — yrs. — mos. 12 ds.

CONTRIBUTORY (SECONDARY) ..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED: at place of death
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Physical
(Signed) John Engelbrecht M. D.
(Address) Stanyhill 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: BETHANY CEMET
DATE OF BURIAL: MARS 1931

20. UNDERTAKER: Herman Blemer
ADDRESS: Berger Mo