

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

Do not use this space.

**1. PLACE OF DEATH**

54 County Lafayette  
Township Freedom  
City \_\_\_\_\_ (No. \_\_\_\_\_)

Registration District No. 457  
Primary Registration District No. 5621 B

File No. 10502  
Registered No. 10  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Henry N Meyer  
(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

|  |  |                                  |   |                   |
|--|--|----------------------------------|---|-------------------|
| OCCUPATION   | 3. SEX<br><u>Male</u>  | 4. COLOR OR RACE<br><u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>married</u> |                   |
|  | 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) _____<br><u>Pauline Meyer</u>                           |                                  |   |                   |
| OCCUPATION   | 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec-5-1872</u>  |                                  |   |                   |
|  | 7. AGE   | YEARS<br><u>58</u>               | MONTHS<br><u>2</u>  | DAYS<br><u>26</u> |
|  | If LESS than 1 day, _____ hrs. or _____ min.   |                                  |   |                   |
| OCCUPATION   | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.<br><u>Farmer</u> |                                  |   |                   |
|  | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.                           |                                  |   |                   |
|  | 10. Date deceased last worked at this occupation (month and year) _____                                      |                                  | 11. Total time (years) spent in this occupation _____                       |                   |
| FATHER   | 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>  |                                  |   |                   |
|  | 13. NAME <u>John J Meyer</u>   |                                  |   |                   |
| MOTHER   | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>  |                                  |   |                   |
|  | 15. MAIDEN NAME <u>Anna Miencke</u>  |                                  |   |                   |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>                              |  |                                  |   |                   |
| 17. INFORMANT (ADDRESS) <u>Alvaro Meyer Concordia Mo</u>                                     |  |                                  |   |                   |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Luther St Paul</u> DATE <u>Mar-4</u> 19 <u>31</u> |  |                                  |   |                   |
| 19. UNDERTAKER (ADDRESS) <u>N. F. Duesenberg Concordia Mo</u>                                |  |                                  |   |                   |
| 20. FILED <u>March 3</u> 19 <u>31</u> <u>Herbman Shoyman</u> Registrar.                      |  |                                  |   |                   |

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/1/31 1931

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw h \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 340p m.

The principal cause of death and related causes of importance were as follows:  
Right skull fracture  
2069 of 206  
Date of onset \_\_\_\_\_

Other contributory causes of importance:  
P.P. accident

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury 3/1/31 19\_\_\_\_

Where did injury occur? Lafayette County  
(Specify city or town, county, and State)

Specify where injury occurred in industry, in home, or in public place.  
Road accident

Manner of injury run over by car

Nature of injury skull fracture

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_

(Signed) Edmund Trank MD, M. D.  
Corcoran, Concordia, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 23 1931



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH.

County Lafayette Registration District No. 457 File No. B  
 Township Freeborn Primary Registration District No. 3691 Registered No. 10  
 City..... (No.....) St. .... Ward)

2. FULL NAME Henry H. 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) M

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

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

7. AGE YEARS MONTHS DAYS 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

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

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14. INFORMANT (Address)

15. FILED 3-3 1931 Dudman Shryman REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-3 1931

17. I HEREBY CERTIFY, That I attended deceased from ..... to ..... 19..... that I last saw him alive on ..... 19....., and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Right skull fracture

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

18. WHERE WAS DISEASE CONTRACTED (duration) yrs. mos. ds.

IF NOT AT PLACE OF DEATH (duration) yrs. mos. ds.

DID AN OPERATION PRECEDE DEATH? DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed)....., M. D. , 19 (Address)

\*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

19

20. UNDERTAKER ADDRESS

SUPPLEMENTARY

P. R. Accident

215

P. H. To ...

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be stated EXACTLY. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. PHYSICIANS should state EXACTLY. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state EXACTLY.

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