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 27 1931

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

Do not use this space.

11248

1. PLACE OF DEATH

County St Charles — Registration District No. 756 — File No.

Township Portage des Sioux — Primary Registration District No. 5997 — Registered No.

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Clara Marie Meyers

(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feby 15-1931

7. AGE: YEARS — MONTHS — DAYS 16 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Charles County Mo

FATHER

13. NAME Bernard Meyers
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

MOTHER

15. MAIDEN NAME Edna Brunstein
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

17. INFORMANT (ADDRESS) Bernard Meyers Portage des Sioux

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Francis Cem. DATE Mar 2 1931

19. UNDERTAKER (ADDRESS) H L Dallmeyer & Sons 60 St Charles Mo

20. FILED Mar 2 1931 C A Barnard Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 1 1931

22. I HEREBY CERTIFY, That I attended deceased from Feb. 24, 1931, to March 1, 1931

I last saw her alive on Feb 28, 1931. Death is said to have occurred on the date stated above, at 2 459 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	Feb 23
Broncho Pneumonia	" 26
11A	
10A	

Other contributory causes of importance: 11A

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

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

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

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

(Address) Portage des Sioux Mo