

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

Do not use this space.

17608

1. PLACE OF DEATH

County Franklin Registration District No. 299
 Township _____ Primary Registration District No. 479
 City Sullivan (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 27

2. FULL NAME

Martha Meyer St. _____ Ward _____

(a) Residence, No. _____ (Usual place of abode)
 Length of residence in city or town where death occurred 1 yrs. 6 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

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 13, 1927</u>		
7. AGE	YEARS <u>4</u>	MONTHS <u>4</u>
	DAYS <u>5</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Infant</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	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Missouri</u>		
FATHER	13. NAME <u>Wm L Meyer</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Arkansas</u>	
MOTHER	15. MAIDEN NAME <u>Lucy Nichols</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo.</u>	
17. INFORMANT (ADDRESS) <u>Wm Meyer Sullivan</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Buffalo</u> DATE <u>May 18 1931</u>		
19. UNDERTAKER (ADDRESS) <u>J. J. Williams</u>		
20. FILED <u>June 10 1931</u> <u>J. P. Quigley</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 18, 1931

22. I HEREBY CERTIFY, That Martha Meyer died on May 18, 1931 at 5:30 am. I last saw her alive on May 17, 1931. Death is said to have occurred on the date stated above, at 3:20 am. The principal cause of death and related causes of importance were as follows:
Diphtheria
Scarlet Fever

Other contributory causes of importance: (1)

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? No 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) Malcolm P. Mattox, M. D.
 (Address) Sullivan Mo

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.

JUN 25 1931

