

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

Do not use this space.

25481

**1. PLACE OF DEATH**

County Lafayette  
Township Davis  
City \_\_\_\_\_ (No. \_\_\_\_\_)

Registration District No. 454  
Primary Registration District No. 5624 B

File No. \_\_\_\_\_  
Registered No. 8  
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 Male 4. COLOR OR RACE White 5. ~~Single~~ MARRIED, WIDOWED OR DIVORCED Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 6-22-1870

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
61 : 21 : 21

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Farming  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Rosebud, Mo.  
(STATE OR COUNTRY)

10. NAME OF FATHER Henry Christ Meyer

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

12. MAIDEN NAME OF MOTHER Johanna Bitter

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

14. INFORMANT A. H. Bredehoeft  
(Address) Alma, Mo.

15. FILED 7-14-1931 J. G. W. Fischer  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-13-1931

17. I HEREBY CERTIFY, That I attended deceased from 7-12-1931, to 7-12-1931, 1931.  
that I last saw ~~her~~ her alive on 7-12-1931, and that death occurred, on the date stated above, at 6:50 P.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS: 82C

Softening of the Brain  
(duration) 4 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) [Signature]  
(duration) \_\_\_\_\_ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
IF NOT AT PLACE OF DEATH? \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? clinical  
(Signed) J. G. W. Fischer, M. D.  
7-14-1931 (Address) Alma, 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 St. Petri Cemetery DATE OF BURIAL 7/16 1931

20. UNDERTAKER Alfred H. Brewer ADDRESS Alma 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.

AUG 26 1931

PARENTS'

1931

1570

A-43  
C  
22  
0-21

12

Handwritten notes or scribbles

Handwritten notes or scribbles