

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

Do not use this space.

27660

1. PLACE OF DEATH

County Callaway Registration District No. 104
Township Fulton Primary Registration District No. 5153
City (No. _____) St. _____ Ward _____

File No. _____
Registered No. 174

2. FULL NAME

Charles Meyeratto

(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 (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 16 1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
47 11 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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) Missouri

13. NAME C. F. Meyeratto

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.Y.

15. MAIDEN NAME Minnie Dieckmann

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.Y.

17. INFORMANT (ADDRESS) Mrs Arthur Wynn Fulton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hillcrest Cem. DATE Aug 3 1931

19. UNDERTAKER (ADDRESS) Pop H Wheeler Fulton, Mo.

20. FILED Aug 3 1931 R. N. Crews Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 2 1931

22. I HEREBY CERTIFY, That I attended deceased from July 21 1931 to Aug 2 1931
I last saw him alive on Aug 2 1931 Death is said

to have occurred on the date stated above, at 12 m.

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

Endocarditis, Acute Date of onset _____
dilatator.

Other contributory causes of importance:
Rheumatism
Arteriosclerosis (General)

Name of operation _____ 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? _____ 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) A. J. [Signature], M. D.

(Address) Fulton, 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.

SEP 22 1931

