

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

Do not use this space.

34885

1. PLACE OF DEATH
 County Lafayette Registration District No. 461
 Township Lafayette Primary Registration District No. 3024
 City Lafayette (No. 1) St. _____ Ward _____

2. FULL NAME Edgar Meinecke
 (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)

File No. 79
 Registered No. _____
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
 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) July 3-1899
 7. AGE YEARS 32 MONTHS 8 DAYS 28 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Freight Clerk
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mo. Pac R R
 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) Livingston Mo
 13. NAME Henry H. Meinecke
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paris Mo
 15. MAIDEN NAME Charlotte Trespening
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paris Mo
 17. INFORMANT Edgar Meinecke
 (ADDRESS) Lafayette Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Lafayette Mo DATE Nov 18, 1931
 19. UNDERTAKER Edmund Truack
 (ADDRESS) Lafayette Mo
 20. FILED Nov 19, 1931 J. W. Fredendall
 Registrar.

MEDICAL CERTIFICATE OF DEATH
 Died 10/30/31 (10/18/31)
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) (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 _____ m.
 The principal cause of death and related causes of importance were as follows:
Hanging
165
 Other contributory causes of importance:
165
 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? Suicide 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? _____
 If so, specify _____
 (Signed) Edmund Truack M. D.
Cover Lafayette County
Council, Mo.

EX-23-1081

