

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

Do not use this space.

38405

1. PLACE OF DEATH

County New Madrid
Township Anderson
City Hartwell (No. _____)

Registration District No. 55
Primary Registration District No. 4039

File No. 9
Registered No. 924
St. _____ Ward _____

2. FULL NAME

John Herman Meyer

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 1 yrs. 8 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>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Rosaline Meyer</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE	YEARS	MONTHS
	<u>66</u>	<u>5</u>
		DAYS
		<u>20</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>Farmer</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>Quincy Ill</u>		
FATHER	13. NAME <u>John Adam Meyer</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Juliana</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT (ADDRESS) <u>Rosaline Meyer</u> <u>Hartwell Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Oke Ridge Cem</u> DATE _____ 19__		
19. UNDERTAKER (ADDRESS) <u>R. B. Meentemeyer</u> <u>Hudson Mo</u>		
20. FILED <u>Dec 10</u> 19 <u>31</u> <u>M. V. Murrine</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-5- 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 3.30 a.m.
The principal cause of death and related causes of importance were as follows:
200A
myx. verdict was
Heart failure
caused by over work and
a Run down condition
Other contributory causes of importance:
200B
Name of operation _____ Date of _____
What test confirmed diagnosis? August 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? Hartwell Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
in the Road, or street near home
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) J. H. Holman, M. D.
(Address) William Mo Coroner

em of information should be applied. AGE should be stated EXACTLY. PHYSICIAN'S name and state properly classified. Exact statement of OCCUPATION is very important.
 DEATH in plain terms, so that the cause of death is clearly stated.
 1931

S-38405