

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

85

3794

1. PLACE OF DEATH

County Buchanan Registration District No. 1001
 Township St Joseph Primary Registration District No. 1001
 City St Joseph (No. State Hosp #2)

File No. _____
 Registered No. 146
 St. _____ Ward _____

2. FULL NAME

Gerd Meyer
 (a) Residence. No. Bethel Mo. St. _____ Ward. Bethel Mo
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 0 yrs. 2 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
unknown

6. DATE OF BIRTH (MONTH, DAY AND YEAR) about 1859

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>73</u>	<u>unknown</u>	<u>unknown</u>	

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Farmer
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) unknown
 (STATE OR COUNTRY) Illinois

10. NAME OF FATHER unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) unknown
 (STATE OR COUNTRY) Germany 10

12. MAIDEN NAME OF MOTHER unknown

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

14. INFORMANT Mrs Gerd Meyer
 (Address) Bethel Mo.

15. FILED 2-14-32
John R. Bender
 REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 14th 1932

17. I HEREBY CERTIFY, That I attended deceased from Dec 9th 1931 to Feb 14th 1932
 that I last saw him alive on Feb 14th 1932, and that death occurred, on the date stated above, at 11:38 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

107A
162
Bronchitis Pneumonia
 (duration) _____ yrs. _____ mos. 3 ds.

CONTRIBUTORY (SECONDARY) Senility
 (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH (1)

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Clinical
 (Signed) J. P. Bunch M. D.

2/14/1932 (Address) State Hosp #2.

*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 Bethel Mo
 DATE OF BURIAL Feb 15 1932

20. UNDERTAKER J. B. Brothers
 ADDRESS Bethel 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.

MAR 21 1932

