

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

Do not use this space.

5361

1. PLACE OF DEATH

63 County Marion Registration District No. 542
Township Jackson Primary Registration District No. 5731
City..... (No)..... St..... Ward.....

File No. 3
Registered No. 1

2. FULL NAME

Katy 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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF Adam Meyer, deceased
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 7, 1851
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hr. or min.
80 4 2
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house wife
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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 9, 1932
22. I HEREBY CERTIFY, That I attended deceased from Feb 2, 1932, to Feb 9, 1932
I last saw her alive on Feb 7, 1932 Death is said to have occurred on the date stated above, at 1:15 a.m.
The principal cause of death and related causes of importance were as follows:

Apoplexy
82AG 2a
Other contributory causes of importance:
Date of onset Feb 2 - 1932

12. BIRTHPLACE (CITY OR TOWN) Doubt Know. (STATE OR COUNTRY) 31
13. NAME Barle Kammuel
14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY) 10
15. MAIDEN NAME Mary M Thomas
16. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)
17. INFORMANT (ADDRESS) Jos G Mueff
18. BURIAL, CREMATION, OR REMOVAL PLACE Cyrb. Mo. DATE 2/10, 1932
19. UNDERTAKER (ADDRESS) W. H. Strope
meta mo
20. FILED 2/20, 1930 Wm J. DeWitt Registrar

Name of operation none 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) J. J. Redmeyer, M. D.
meta mo (Address)

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. FEB 24 1932

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