

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

Do not use this space.

7037

1. PLACE OF DEATH

106. County Sevier Registration District No. 821
 11. Township Richland Primary Registration District No. 6570
 7. City Sikeston (No.) St. Ward)

File No. 27
 Registered No.

2. FULL NAME

Narcisse W. Meunier
 (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

2. 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 21 1893

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
39 0 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. clerk
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 253
 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) Magnolia Indiana

13. NAME August Meunier

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

15. MAIDEN NAME Addie Hatfield

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Magnolia Ind.

17. INFORMANT Addie Meunier (ADDRESS) Sikeston Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Sikeston DATE Feb 24 1932

19. UNDERTAKER (ADDRESS) H. J. Welch

20. FILED 3/7/32 Walter E. Lewis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 27 1932

22. I HEREBY CERTIFY, That I attended deceased from about Aug 28, 1928, to Feb 22, 1932
 I last saw him alive on Jan 31, 1932 Death is said to have occurred on the date stated above at 2:15 p. m.

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

General paresis
83 83

Other contributory causes of importance:

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) Chas. H. Prussell, M. D.
 (Address) Sikeston 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.

APR 5 1932

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