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 25 1939

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

Do not use this space.

File No. 12032

Registered No. 40

1. PLACE OF DEATH

27 County Cooper.

2 Township

4 City Boonville (No. , St. Ward)

Registration District No. 218

Primary Registration District No. 3015

2. FULL NAME John Leo Meistrel.

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. 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 [redacted] Mary Fischer Meistrel.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 15" 1889

7. AGE: Years 42 | Months 6 | Days 23 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Estate.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 154

10. Date deceased last worked at this occupation (month and year) April 7th 1932

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boonville Mo. 1

FATHER

13. NAME Nicholas Meistrel.

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

MOTHER

15. MAIDEN NAME Margaret Frankin.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany. 10

17. INFORMANT (ADDRESS) Mrs. J. Leo Meistrel.

18. BURIAL, CREMATION, OR REMOVAL PLACE Catholic Cem. DATE April 11" 1932 Boonville Mo.

19. UNDERTAKER (ADDRESS) Goodman & Boller. Boonville Mo.

20. FILED Apr 9 1932 J. A. Russell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 7" 1932

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw him alive on , 19 Death is said to have occurred on the date stated above, at about 8:30 P.M.

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

Gunshot wounds of head and of the heart (Homocide) — Date of onset

Other contributory causes of importance:

5

Name of operation Date of

What test confirmed diagnosis Bullet wounds Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Homocide Date of injury 4-7-1932

Where did injury occur? Boonville Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Deceased's office

Manner of injury murder

Nature of injury gunshot wounds of head + heart

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) T. C. Beckett (Coroner), M. D.

(Address) Boonville, Mo