

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

Do not use this space.

12149
~~13149~~

1. PLACE OF DEATH *Franklin*
36 County *Boeuf* Registration District No. *292*
Township *Boeuf* Primary Registration District No. *5410*
City (No. St. Ward)

2. FULL NAME *Louis H. Meyer*
(a) Residence, No. *1111* St. *Franklin* Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred *5* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. COLOR, OR RACE <i>W.</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Mrs. Gertrude Meyer</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Nov 2 1867</i>		
7. AGE	YEARS <i>64</i>	MONTHS <i>8</i>
	DAYS <i>4</i>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Farmer</i>	
	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) <i>4-1-32</i>	11. Total time (years) spent in this occupation <i>all</i>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>New Haven Mo</i>		
FATHER	13. NAME <i>Adrian Meyer</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Gottmann 10</i>	
MOTHER	15. MAIDEN NAME <i>Adelle Reppel</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>	
17. INFORMANT (ADDRESS) <i>Carroll Meyer</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>New Haven Mo</i> DATE <i>4-7-32</i>		
19. UNDERTAKER (ADDRESS) <i>W. B. Smith</i> <i>New Haven Mo</i>		
20. FILED <i>417</i> 19 <i>32</i> <i>J. H. Huber</i> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *4/6/32*

22. I HEREBY CERTIFY, That I attended deceased from *3/30/32* to *4/6/32*
I last saw him alive on *4/5/32* Death is said to have occurred on the date stated above, at *8:25 A.M.*
The principal cause of death and related causes of importance were as follows:
Diabetic
59
Other contributory causes of importance: *57*
101

Name of operation _____ Date of _____
What test confirmed diagnosis? *Chime* Was there an autopsy? _____

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) *W. E. Emsbeck*, M. D.
(Address) *New Haven, Mo*

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.

MAY 24 1932

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

