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

Do not use this space.

1. PLACE OF DEATH
74 County Vidaway Registration District No. 623 File No. 13394
Township Washington Primary Registration District No. 5825 Registered No. 4
City ~~Guilford~~ Mo. St. Ward)

2. FULL NAME Margaret 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 49 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

MAY 26 1932

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	W.	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph Meyer

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 4-12-1860

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	71	11	27	

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

9. BIRTHPLACE (CITY OR TOWN) Keller
(STATE OR COUNTRY) Wis

PARENTS
10. NAME OF FATHER John King
11. BIRTHPLACE OF FATHER (CITY OR TOWN) 10
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Elizabeth Guenther
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany

14. INFORMANT Joseph Meyer
(Address) Guilford Mo

15. FILED Apr 10, 1932 J. M. McClanahan REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 9 1932

17. I HEREBY CERTIFY, That I attended deceased from Mar 15, 1932 to Apr 9, 1932 that I last saw her alive on Apr 8, 1932 and that death occurred, on the date stated above, at 1 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchial Pneumonia
Myocarditis
46B
93D
(duration) yrs. 1 mos. ds.

CONTRIBUTORY (SECONDARY) Cancer Stomach
(duration) 1 yrs. 0 mos. 0 ds.

18. WHERE WAS DISEASE CONTRACTED (1)
IF NOT AT PLACE OF DEATH home
(1) DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) J. M. Bayles M. D.
, 19 (Address) Conception Junction

*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 Conception Mo
DATE OF BURIAL 4-11-1932

20. UNDERTAKER O. R. Proctor
ADDRESS Conception Jct. Mo