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.

JUN 31 1932

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

Do not use this space.

15258

1. PLACE OF DEATH

8 County Benton — Registration District No. 59 — File No.

1 Township ~~Williams~~ — Primary Registration District No. 4034 — Registered No. 15

6 City Cole Camp (No. , St. Ward)

2. FULL NAME Ohlrech Meyer

(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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Meta Schmidt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 4-5-1858

7. AGE 74 YEARS 1 MONTHS 13 DAYS — If LESS than 1 day, hrs. or min.

OCCUPATION

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri 1

FATHER

13. NAME: Ohlrech Meyer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany 10

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown 31

17. INFORMANT (ADDRESS): Mayme Meyer

18. BURIAL, CREMATION, OR REMOVAL PLACE: St Paul Cem. DATE: 5-20-1932, 19

19. UNDERTAKER (ADDRESS): E L Eickhoff Cole Camp Mo.

20. FILED 6-1-1932 Harry Bay Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 5-18-1932, 19

22. I HEREBY CERTIFY, That I attended deceased from Nov 27, 1930, to May 18, 1932

I last saw him alive on May 16, 1932. Death is said to have occurred on the date stated above, at 5:10 P M

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

Valvular Lesion — Date of onset 1930

Ag 92 A

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? Clinical — 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?

If so, specify

(Signed) Harry Bay, M. D.

(Address) Cole Camp Mo