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.

AUG 25 1932

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

Do not use this space.

1. PLACE OF DEATH
62 County Madison
1 Township
4 City Frederick Town (No. ..... St. ..... Ward)

Registration District No. 538
Primary Registration District No. 3028

File No. 23372
Registered No.

2. FULL NAME Violet Meier

(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 F.
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Albert Meier

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 13-1892

7. AGE YEARS 39 MONTHS 6 DAYS 29 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235
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) Frederick Town Mo

FATHER
13. NAME John McCarver
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

MOTHER
15. MAIDEN NAME Minnie Polite
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mine La Motte Mo

17. INFORMANT (ADDRESS) Lyman Meier St Louis.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Louis Mo DATE July 14 1932

19. UNDERTAKER (ADDRESS) Ed H Webb Frederick Town Mo

20. FILED 7 31 1932 O U Jaus Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 15 1932, to July 12, 1932
I last saw her alive on July 12, 1932 Death is said to have occurred on the date stated above, at 11:30 m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of lung 47B
11A 47 (1)

Date of onset Don't Know

Other contributory causes of importance:
Influenza in Feby 1932

Name of operation none 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) W Harry Barron, M. D.
(Address) Frederick Town