

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

32
2nd
Do not use this space.

31725

1. PLACE OF DEATH

21. County Hamilton Registration District No. 176 File No. _____
Township Campan Primary Registration District No. 5244 Registered No. 13
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Joe P. Meyer
(a) Residence, No. Brunswick mo St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-2-1908

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
24 1 18

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 1
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. farm work
10. Date deceased last worked at this occupation (month and year) Oct 20 32 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brunswick mo 1

FATHER 13. NAME Joseph Meyer

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

MOTHER 15. MAIDEN NAME Katie Straub

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo

17. INFORMANT (ADDRESS) Joseph Meyer Brunswick mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Elbert Ave DATE Oct 21 1932

19. UNDERTAKER (ADDRESS) R. W. Haislip Brunswick mo

20. FILED Oct 21 1932 Andrews Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 20 1932

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____. I last saw h _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:
Shot gun wound in upper lobe of Rt lung

Other contributory causes of importance: 173 173 (5)

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

23. If death was due to external causes (violence), fill in also the following:
Accident, outside, or homicide? Date of injury _____, 19____
Where did injury occur? 6 mi. N.E. Mendon mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Private home - Public dance
Manner of injury suicide
Nature of injury Shot gun wound

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) R. W. Haislip, M. D.
(Address) Solothung mo Corone

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. NOV 22 1932

