

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

Do not use this space.

31806

1. PLACE OF DEATH

26 County Cole Registration District No. 214
Township Moreau Primary Registration District No. 5294
City (No.) St. Ward

File No.
Registered No. 20

2. FULL NAME Clarence Meier

(a) Residence, No. Lohman, 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 4th, 1924

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
8 5 27

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
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) Lohman (STATE OR COUNTRY) Missouri

MOTHER FATHER 13. NAME Edward Meier

14. BIRTHPLACE (CITY OR TOWN) Jefferson City, (STATE OR COUNTRY) Missouri.

MOTHER 15. MAIDEN NAME Henriette Miller

16. BIRTHPLACE (CITY OR TOWN) Lohman (STATE OR COUNTRY) Missouri.

17. INFORMANT Edward Meier (ADDRESS) Lohman, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lohman, Cem. DATE Oct. 2nd, 1932, 19

19. UNDERTAKER G. N. Steffens (ADDRESS) Rissellville, Mo.

20. FILED Oct. 2 1932 Mrs. H. L. Galoe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 30, 1932 to October 1, 1932

I last saw him alive on October 1, 1932 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:

Diphtheria

Date of onset

Other contributory causes of importance: (D)

Antitoxin injected.

Name of operation Tracheotomy Date of 10-1-32

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?
If so, specify

(Signed) Thames J. Nichols, M. D.
(Address) Centertown, Mo.

OCT 25 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.

