

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

Do not use this space.

31937

**1. PLACE OF DEATH**

36 County Franklin  
2 Township Jessie  
1 City Jessie (No. ....)

Registration District No. 1104  
Primary Registration District No. 4554

File No. ....  
Registered No. 16  
St. .... Ward

**2. FULL NAME**

(a) Residence, No. .... St. .... Ward. ....  
(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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lizzie Meyer</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar. 125-1851</u>		
7. AGE	YEARS	MONTHS
	<u>81</u>	<u>7</u>
		<u>5</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer, Retired</u>		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany 10</u>		
13. NAME <u>Mrs. Hy. Meyer</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
15. MAIDEN NAME <u>Unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown 21</u>		
17. INFORMANT <u>H. Meyer</u> (ADDRESS) <u>St Louis, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St Paul Care</u> DATE <u>11/2</u> 19 <u>32</u>		
19. UNDERTAKER <u>Louis Meyer</u> (ADDRESS) <u>Jessie, Mo</u>		
20. FILED <u>Nov 1</u> , 19 <u>32</u> <u>J.P. Fitzgerald R.E.</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....  
I last saw him... on Daying Oct. 30, 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:  
Heart Paralysis Date of onset  
not under treatment  
Died suddenly

Other contributory causes of importance  
L.M.W.

Name of operation none Date of.....  
What test confirmed diagnosis? symptoms 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) J.P. Fitzgerald, M. D.  
(Address) Jessie, Mo.

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.

NOV 23 1932

