

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

Do not use this space.

33278

1. PLACE OF DEATH
 88 County Randolph Registration District No. 733
 5 Township _____ Primary Registration District No. 4738
 2 City Huntsville (No. _____) St. _____ (Ward _____)

2. FULL NAME Eda Julia Meyer
 (a) Residence No. _____ 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 Female
 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 William F. Meyer
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 11, 1842
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
90 4 26
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work housewife
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Germany 10
 10. NAME OF FATHER Fredrick William Birtch
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Germany
 12. MAIDEN NAME OF MOTHER Unknown
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Germany

14. INFORMANT Mrs. Sofia Anderson
 (Address) St. Louis, Mo.

15. FILED Oct 10 1932 G. G. Pragg REGISTER

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 7, 1932
 17. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1932 to Oct 7, 1932 that I last saw her alive on Oct. 7, 1932 and that death occurred, on the date stated above, at _____ m.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
465 97466 Keener of liver
 (duration) 1 yrs. 0 mos. 0 ds.
 CONTRIBUTORY (SECONDARY) arterio-sclerosis
 (duration) 4 yrs. 0 mos. 0 ds.
 18. WHERE WAS DISEASE CONTRACTED _____
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS _____
 (Signed) G. G. Pragg, M. D.
 , 19 (Address) Huntsville

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Huntsville DATE OF BURIAL Oct 9 1932
 20. UNDERTAKER Tom B. Patton ADDRESS Huntsville 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.

Per Agnes P. ... NOV 28 1932

