

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

Do not use this space.

25577

1. PLACE OF DEATH

48 County Jackson Registration District No. 398
 5- Township Bellevue Primary Registration District No. 301A
 20 City Independence Co. Indep. Securities (Ward)

2. FULL NAME

Earl Madall Meyer
 (a) Residence, No. 7133 Wimmer Road 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 <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 31-1914</u>		
7. AGE YEARS <u>18</u>	MONTHS <u>0</u>	DAYS <u>19</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Clerk & Stockman</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Katy Durg Co. 135</u>		
10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation <u>9 1/2</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Huntsville Missouri</u>		
13. NAME <u>Clifford Meyer</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Huntsville Missouri</u>		
15. MAIDEN NAME <u>Maudy M. Demmon</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Huntsville Missouri</u>		
17. INFORMANT (ADDRESS) <u>Clifford Meyer 7133 Wimmer Road</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wt. Washington</u> DATE <u>Nov 22nd 1932</u>		
19. UNDERTAKER (ADDRESS) <u>Garrett Funeral Home Independence, MO</u>		
20. FILED <u>Nov 22 1932 J. Cook</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 11-17-32, 1932, to 11-20-32, 1932.
 I last saw him alive on 11-20-32, 1932. Death is said to have occurred on the date stated above, at 10⁰⁰ A. m.
 The principal cause of death and related causes of importance were as follows:

<u>Traumatic pneumothorax</u>	Date of onset <u>11-17-32</u>
<u>Ruptured spleen</u>	"
<u>Ruptured left lung</u>	"
<u>Fractured left scapula</u>	"
<u>Thrombosis left renal kidney</u>	"

Other contributory causes of importance:
None

Name of operation none Date of 11-20-32

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? accidental Date of injury 11-17-1932
 Where did injury occur? Fairmount Mo.
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Head collision - sled coasting
 Nature of injury as above indicated

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify None

(Signed) Raymond J. Gads M.D., M. D.
 (Address) 112 1/2 Nat. Bank - Independence, Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

JAN 9 1933

