

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

Do not use this space.

39164

1. PLACE OF DEATH

County Crawford Registration District No. 797
Township Washington Primary Registration District No. 2016
City Washington (No. _____) St. _____ Ward _____

File No. _____
Registered No. 108

2. FULL NAME

(a) Residence, No. Washington, Mo. R.P.D. #2 Ward. _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 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) Dec 16 th, 1932

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
0 0 0 60 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) Washington (STATE OR COUNTRY) Missouri

13. NAME Eugene M. Meyer

14. BIRTHPLACE (CITY OR TOWN) Washington (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Cleanor Weber

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

17. INFORMANT Eugene M. Meyer (ADDRESS) Washington, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Catholic Cemetery DATE Dec 17, 1932

19. UNDERTAKER Wickburg & Vitt Inc. (ADDRESS) Washington Mo.

20. FILED Dec 17, 1932 O. L. Mumford Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 16 - 1932

22. I HEREBY CERTIFY, That I attended deceased from 8:30 P.M. Dec. 16 - 1932, to 9:45 P.M. Dec. 16 - 1932

I last saw him alive on Dec. 16 - 1932 Death is said to have occurred on the date stated above, at 9:45 P. m.

The principal cause of death and related causes of importance were as follows:

Premature - Remorrhage (placenta previa in situ)

Date of onset Dec. 16 1932

159 161 15-9

Other contributory causes of importance: none

Name of operation _____ Date of _____

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) H. O. Mory, M. D.

(Address) Washington, 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 23 1933

