

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.

SEP 26 1933

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

Do not use this space.

13710 ^A

1. PLACE OF DEATH
 County Lyon Registration District No. 449
 Township Lyon Primary Registration District No. 5601
 City (No.) St. Ward

2. FULL NAME Dorothy Cecelia Meyer
 (a) Residence, No. St. Ward.
 (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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF Thomas L. Meyer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 20, 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 2 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) (STATE OR COUNTRY) Oakville
Lyon

13. NAME F

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) F

15. MAIDEN NAME F

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) F

17. INFORMANT Mr. J. J. Stroman
 (ADDRESS) Eden, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE P.O.O.P. Burial DATE Oct 27, 1933

19. UNDERTAKER Gu. Bradley
 (ADDRESS)

20. FILED April 16, 1933 W. C. Bradley
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 18, 1933, to April 25, 1933
 I last saw her alive on April 25, 1933. Death is said to have occurred on the date stated above, at 4 9 a. m.
 The principal cause of death and related causes of importance were as follows:
Influenza
NO
AS
 Date of onset

Other contributory causes of importance:
Heart Arteriosclerosis
Atherosclerosis

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

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) W. G. Schuch DO
 (Address) W. C. Bradley

