

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.

JUN 22 1933

56

10

1

Dr. Bedford

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

Do not use this space.

16067

1. PLACE OF DEATH

County Cole
Township
City Jefferson (No.)

Registration District No. 213
Primary Registration District No. 3014

File No. 125
Registered No.
St. Ward)

2. FULL NAME Louis F. Meier

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan-2-1877
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 4 11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe worker
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) Cole County, Mo

13. NAME John Meier

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

15. MAIDEN NAME Mary Koch

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cole County, Mo

17. INFORMANT Otto Meier
(ADDRESS) Jefferson City, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE River View Cem DATE May-15-1933

19. UNDERTAKER Thomas G. Gordon
(ADDRESS) Jefferson City, Mo

20. FILED 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 10 1933

22. I HEREBY CERTIFY, that attended deceased from May 10 1933 to May 13 1933
I last saw him alive on May 13 1933 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:

Pneumonia lobar Date of onset 108
Other contributory causes of importance: 108

Name of operation none 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) Dr. Bedford M. D.
(Address) Jefferson City, Mo.

