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.

JUL 21 1933

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

Do not use this space.

19173

1. PLACE OF DEATH
County Charlton — Registration District No. 169 — File No.
Township Brunswick — Primary Registration District No. 4098 — Registered No. 36
City Brunswick (No. ..... St. ..... Ward)

2. FULL NAME MARY GERTRUDE 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): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Chas. T. Meyer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mch-20-1853

7. AGE: YEARS 80 — MONTHS 3 — DAYS 0 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Housework
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): Brunswick Mo

FATHER
13. NAME: Valentine Kahler
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Frances Difani
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Julius O. Meyer, Brunswick Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Brunswick Mo DATE: June 22 1933

19. UNDERTAKER (ADDRESS): L. W. Hensel, Brunswick Mo

20. FILED: 6/21 1933 Harry E. Tatum, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1932, to June 15, 1933
I last saw her alive on June 15, 1933. Death is said to have occurred on the date stated above, at 3:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	6/15/33
Other contributory causes of importance: Arterio sclerosis	1929

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? No
If so, specify .....
(Signed) John M Wilson, M. D.
(Address) Brunswick, Mo