

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

Do not use this space.

1. PLACE OF DEATH

County Franklin Registration District No. 296

Township Johnson Primary Registration District No. 4180

City Union (No. _____) St. _____ Ward _____

File No. 22803

Registered No. _____

2. FULL NAME

George John Meyer

(a) Residence No. _____ St. _____ Wd. _____
(Usual place of abode)

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)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

Lena Meyer

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

Aug 17 1883

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

49

10

18

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Farm Labor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Prokaw, Mo.

10. NAME OF FATHER

John G Meyer

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Washington

12. MAIDEN NAME OF MOTHER

Anna Scriber

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Jefferson

14.

INFORMANT
(Address)

Henry Tree Jr
Union Mo.

15.

FILED..... 19.....

Ca. Steiber

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

July 5 1933

17. I HEREBY CERTIFY, That I attended deceased from
July 16 1931, to July 5 1933
that I last saw him alive on July 5 1933, and that death occurred, on the date stated above, at 11.30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Apoplexy

CONTRIBUTORY (SECONDARY)

Chronic Interstitial Nephritis

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, _____

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DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) H. Matthews, M. D.

7/6 1933 (Address) Beaufort Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

West Evangelical Cemetery 7/8 1933

20. UNDERTAKER

ADDRESS

E. H. Williams Union 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.

JUL 21 1933

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