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.

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

Do not use this space.

23933

File No. 62

Registered No.

1. PLACE OF DEATH
County NEWTON
Township NEOSHO
City (No. , St. Ward)

Registration District No. 609
Primary Registration District No. 5808

2. FULL NAME FRANK MEYER
(a) Residence, No. 739 ELMORE, PARKRIDGE, CHICAGO, Ill. 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): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Not Known

7. AGE: YEARS: About 18 MONTHS: DAYS: If LESS than 1 day, hrs. or min.

OCCUPATION
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) (STATE OR COUNTRY): Not Known

FATHER
13. NAME: Franklin Meyer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not Known

MOTHER
15. MAIDEN NAME: Not Known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not Known

17. INFORMANT (ADDRESS): James Hylton Chicago Ill

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Chicago Ill DATE: 7-11 1933

19. UNDERTAKER (ADDRESS): Colby Thompson Neosho Mo.

20. FILED 7/15 1933 C. E. Mazeso Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 10th/33

22. I HEREBY CERTIFY, That I attended deceased from , 19, to , 19.
I last saw h. alive on , 19. 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:

Crushed skull caused by being struck by Frisco passenger train no 10 at mile post 310.35½ near Neosho, Mo

Date of onset

Other contributory causes of importance:

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? accident Date of injury 7/10/33
Where did injury occur? near Neosho, Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. on private railway property
Manner of injury struck by train
Nature of injury crushed skull

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify.
(Signed) Ashley Graham Coroner M.D.
(Address) Neosho, Mo