

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

Do not use this space.

24196

1. PLACE OF DEATH

County St. Charles
Township Calver
City New Market

Registration District No. 769
Primary Registration District No. 600

File No. _____
Registered No. 5 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 78 yrs. 6 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary G. Meier</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 7-1855</u>		
7. AGE YEARS <u>78</u>	MONTHS <u>6</u>	DAY <u>1</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Agriculture</u>		
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) <u>New Market Mo</u>		
13. NAME <u>Jobst Meier</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Doit Knowe Germany</u>		
15. MAIDEN NAME <u>Whippermann</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Doit Knowe Germany</u>		
17. INFORMANT (ADDRESS) <u>Mary G. Meier New Market Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>New Market</u> DATE <u>July 10, 1933</u>		
19. UNDERTAKER (ADDRESS) <u>W. A. Mullen New Market Mo</u>		
20. FILED <u>July 8, 1933</u> <u>W. A. Mullen</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1932 to July 7, 1933
I last saw him alive on March 10, 1933. Death is said to have occurred on the date stated above, at 3:15 A.M.
The principal cause of death and related causes of importance were as follows:
Chronic myocarditis
923
930
930
Other contributory causes of importance
Myocardial insufficiency
2

Name of operation _____ Date of _____
What test confirmed diagnosis? Symptoms 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) W. A. Mullen, M. D.
(Address) New Market Mo

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.

SEP 26 1933

10
10

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