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.

OCT 20 1933

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

Do not use this space.

29306

1. PLACE OF DEATH

37 County Gasconade — Registration District No. 305 — File No.

4 Township Canaan — Primary Registration District No. 4184 — Registered No. 29

City Owensville (No. , St. Ward)

2 2. FULL NAME Lizettie Clara Meyer

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(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: Female
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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 30 1880

7. AGE: YEARS 53 — MONTHS 1 — DAYS 13 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework
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): Bay Mo

FATHER
13. NAME: W M Meyer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Plenty Dennis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ryors Mo

17. INFORMANT (ADDRESS): E. A. Meyer Bay Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bay Mo DATE 9-15-1933

19. UNDERTAKER (ADDRESS): W. F. Gottenstroeter Owensville Mo

20. FILED 9-18 1933. J. F. Ferrell Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 13, 1933, to Sept 13, 1933

I last saw her alive on Sept 13, 1933. Death is said to have occurred on the date stated above, at 8a m.

The principal cause of death and related causes of importance were as follows:

Cholecystitis acute — Date of onset 9-12-33

127B
118C

95 10

Other contributory causes of importance:
Heart failure during Severe vomiting attack

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? No Date of injury , 19
Where did injury occur? None (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) Joseph W Mills, M. D.
(Address) Owensville Mo