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.

File No. 9088

Registered No. 1285

APR 25-1934

PLACE OF DEATH

County: Jackson — Registration District No.:

Township: Kew — Primary Registration District No.: 13

City: Kansas City (No. St Marys Hospital St. Ward)

2. FULL NAME: Emmett W. Meyer Jr.

(a) Residence, No. 3216 Harrison 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 8, 1932

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
1	5	13	

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): Kansas City Mo.

FATHER

13. NAME: Emmett W. Meyer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kansas

MOTHER

15. MAIDEN NAME: Agnes Heather

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Canada

17. INFORMANT (ADDRESS): Emmett W. Mayer, 3216 Harrison

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Mt Washington Mar 22, 34

19. UNDERTAKER (ADDRESS): Wagner Funeral Home, 204 W. Linwood

20. FILED Mch 21, 1934 M. M. Brown Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 21, 34

22. I HEREBY CERTIFY, That I attended deceased from March 20, 1934, to March 21, 1934

I last saw h.m. alive on March 21, 1934. Death is said to have occurred on the date stated above, at 9:30A

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

	Date of onset
Foreign Body in Right and Left Main Bronchus (Peanut)	3/20 '34
Asphyxia.	

Other contributory causes of importance:

Name of operation: Tracheotomy Date of: 3/21 '34

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 3/20 1934

Where did injury occur? Home Kansas City, Mo.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury: Eating Peanut

Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify:

(Signed) M B Simpson, M. D.

(Address) 1408 Baltz Bldg. Kansas City Mo.

Professional 2 & 5

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