

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

MAY 25 1934

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

Do not use this space.

PLACE OF DEATH

County Cape Girardeau Registration District No. 125
 Township Cape Girardeau Precinct Registration District No. 3009
 (No. St. Mc. Hospital) St. _____ Ward _____

File No. 12144
 Registered No. 39

2. FULL NAME Alvin C. Meyer
 (a) Residence, No. _____ Ward _____
 (Usual place of abode) 1701 Independence
 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 19 1915</u>		
7. AGE YEARS <u>19</u>	MONTHS <u>3</u>	DAYS <u>05</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Student at Cape Girardeau Business College</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>Cape Girardeau Missouri</u>		
13. NAME <u>George H. Meyer</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cape Girardeau Co. Missouri</u>		
15. MAIDEN NAME <u>Beitha Blumenberg</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cape Girardeau Co. Missouri</u>		
17. INFORMANT <u>Geo. H. Meyer</u> (ADDRESS) <u>Cape Girardeau Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Honored Lutheran Cemetery April 27 1934</u>		
19. UNDERTAKER <u>Frank J. Powell Funeral Home</u> (ADDRESS) <u>Cape Girardeau Mo</u>		
20. FILED <u>4/27/34</u> 19 <u>34</u> <u>J. M. Thompson</u> Registrar.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 24 1934

22. I HEREBY CERTIFY That I attended deceased from April 16 1934 to April 24 1934
 I last saw him alive on April 24 1934. Death is said to have occurred on the date stated above, at 5:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Chronic Mastoiditis Right
Brain Abscess
Secondary Meningitis
 Date of onset Since 1870 or 1900.

Other contributory causes of importance:
Drainage of Brain Abscess
 Name of operation Drainage of Brain Abscess Date of 4-22-34
 What test confirmed diagnosis? Operation 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) M.H. Shelby M. D.
 (Address) Cape Girardeau, Mo

