

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

Do not use this space.

MAY 25 1934

1. PLACE OF DEATH

County Johnson
Township Madison
City Holden (No. _____)

Registration District No. 427
Primary Registration District No. 4253

File No. 13355
Registered No. 24
St. _____ Ward _____

2. FULL NAME

John G. Meyer
(a) Residence No. Holden St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 53 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

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 14 - 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 11 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farming

10. Date deceased last worked at this occupation (month and year) Sept. 1932 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind

13. NAME John G. Meyer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs Mabel Bourne Holden Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Holden Cem. DATE 4/17

19. UNDERTAKER (ADDRESS) Spencer Murray Holden Mo

20. FILED Apr 17 1934 Spencer Murray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from Apr 4, 1934, to Apr 10, 1934. I last saw him alive on April 10, 1934. Death is said to have occurred on the date stated above, at 10:30 am. The principal cause of death and related causes of importance were as follows:

Tubercle Bron Asthma & Nephritis

Other contributory causes of importance: none

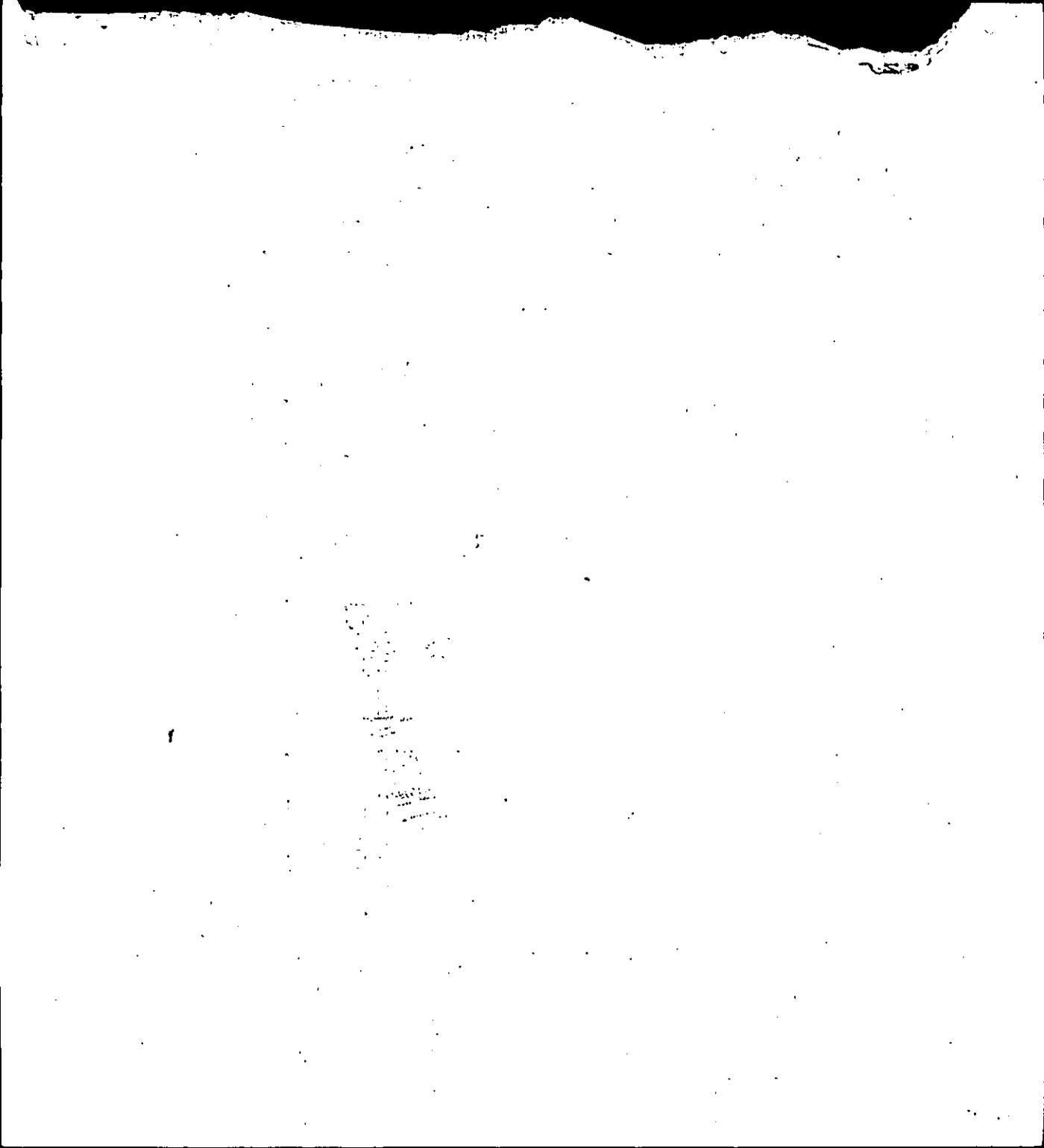
23. Name of operation _____ Date of _____
What test confirmed diagnosis? usual Was there an autopsy? no

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? _____
If so, specify _____
(Signed) James T. Simpson, M. D.
(Address) Holden Mo

PHYSICIANS should state properly classified. State level of OCCUPATION is very important.



#2

DEPARTMENT OF COMMERCE

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.

BUREAU OF THE CENSUS

WASHINGTON

13355

24

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: John G. Meyer
Who died at Holden, Mo. on Apr 15 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex M Color or race W Single, married, widowed or divorced: _____

Date of birth _____ Age: Years 78 Months 11 Days 1

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: Chr. Bron. asthma & nephritis
Chronic Nephritis

Other contributory causes of importance _____

Name of operation None Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician _____

Address of physician _____

Signature of Registrar D. A. Murray, M. D., Registrar

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 427

Primary Reg. Dist. No. 4253

Very truly yours,
E. T. McGaugh M.D.
S. e

Special Agent.

Every item of information should be carefully checked so that it is correct. AGE should be stated. SEX OF DEATH is also to be stated.

S-13355