

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

Do not use this space.

**1. PLACE OF DEATH**

County Callaway Registration District No. 104  
 Township Fulton Primary Registration District No. 5153  
 City (No. ) St. Ward

File No. 23527  
 Registered No. 147

**2. FULL NAME**

Charles Frederick Meyeratto  
 (a) Residence, No. St. Ward.  
 (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. (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 OF (OR) WIFE OF Minnie Meyeratto  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 20, 1857  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
76 8 17

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
 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) Missouri

FATHER  
 13. NAME Ed Meyeratto

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

MOTHER  
 15. MAIDEN NAME Lottie Hault

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

17. INFORMANT (ADDRESS) Mrs. J. F. Herring, Fulton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hillcrest Cem. DATE July 8, 1934

19. UNDERTAKER (ADDRESS) Geo. J. Chaboyer, Fulton, Mo.

20. FILED July 7, 1934 R. N. Cress Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 7, 1934  
 22. I HEREBY CERTIFY, That I attended deceased from May 15, 1934 to July 7, 1934  
 I last saw him alive on July 7, 1934. Death is said to have occurred on the date stated above, at 2 p.m.  
 The principal cause of death and related causes of importance were as follows:

Arterio Sclerosis  
Myocarditis chronic  
 Date of onset

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? Date of injury  
 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. J. Herring, M. D.  
 (Address) Fulton, 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.

AUG 27 1934

