

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

Do not use this space.

24003

1. PLACE OF DEATH

County Franklin
Township Boeuf
City (No. _____) _____

Registration District No. 292
Primary Registration District No. J-410

File No. 26
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 40 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 <u>Female</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Frank Meyer</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 10 - 1871</u>				
7. AGE	YEARS <u>63</u>	MONTHS <u>4</u>	DAYS <u>9</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Home Help</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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 19, 1934

22. HEREBY CERTIFY, That I attended deceased from July 18, 1934, to July 19, 1934.
I last saw him alive on July 19, 1934. Death is said to have occurred on the date stated above, at 3:08 p.m.
The principal cause of death and related causes of importance were as follows:
Stroke
171
191

Other contributory causes of importance:
none

Date of onset 7-18-34

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Augusta Mo

MOTHER FATHER

13. NAME Key Ruethe

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

15. MAIDEN NAME Dezert Krieger

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

17. INFORMANT Mr. Frank Meyer
(ADDRESS) 1212 1/2 N. 1st St. Jefferson Mo

18. BURIAL, CREMATION, OR REMOVAL buried
PLACE Boeuf Cem DATE 7-23 1934

19. UNDERTAKER (ADDRESS) Rest & Son
1212 1/2 N. 1st St. Jefferson Mo

20. FILED July 27, 1934 Jeffrey J. Grammaud
Registrar.

Name of operation _____ Date of _____

What test confirmed diagnosis? clinical 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) Berman, M. D.
(Address) Washington 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 13 1934

