

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.

SEP 14 1934

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

Do not use this space.

28536

1. PLACE OF DEATH

County Cape Girardeau, Mo. Registration District No. 125  
Township \_\_\_\_\_ Primary Registration District No. 5178  
City \_\_\_\_\_ (No. S. E. Ma Hospital Ward)

File No. \_\_\_\_\_  
Registered No. 141

2. FULL NAME

(Mr. Anny) Mary Meyer  
(Residence, No. Farrar, Mo. 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 <u>Female</u>	4. COLOR OR RACE <u>White</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>Mr. John Meyer</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 16 - 1869</u>		
7. AGE YEARS <u>64</u>	MONTHS <u>10</u>	DAYS <u>16</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</u>		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Farrar Mo. Missouri</u>		
13. NAME <u>John Meyer</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
15. MAIDEN NAME <u>Mary Meiers</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
17. INFORMANT (ADDRESS) <u>Mr. Geo. Thompson Cape Girardeau, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Valley Cemetery</u> DATE <u>Aug. 3, 1934</u>		
19. UNDERTAKER (ADDRESS) <u>Central Undertaking Co. Cape Girardeau, Mo.</u>		
20. FILED <u>Aug 13 - 1934</u> <u>J. M. Thompson</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 1<sup>st</sup>, 1934, to Aug 2<sup>nd</sup>, 1934  
I last saw her alive on Aug 1<sup>st</sup>, 1934. Death is said to have occurred on the date stated above, at 12 A. m.  
The principal cause of death and related causes of importance were as follows:  
Surgical shock following amputation of left leg for diabetic gangrene Date of onset July 30/1934  
Other contributory causes of importance: 59 Diabetes mellitus

Name of operation Amputation of leg Date of Aug 1/34  
What test confirmed diagnosis: urine tests 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) G. R. Dehert, M. D.  
(Address) Cape Girardeau, Mo.

