

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.

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

Do not use this space.

SEP 24 1934

29807

1. PLACE OF DEATH

County Jefferson
Township Festus
City Festus (No. _____)

Registration District No. 421
Primary Registration District No. 4249

File No. _____
Registered No. 72
St. _____ Ward _____

2. FULL NAME Phillip G. H. Meyer

(a) Residence, No. _____ 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 male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 30 - 1865

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>68</u>	<u>11</u>	<u>10</u>	

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

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) Bernsavia, Mo

13. NAME Phillip Meyer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bernsavia, Mo

15. MAIDEN NAME Francis Rice

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson, Mo

17. INFORMANT R. E. Meyer (ADDRESS) Festus

18. BURIAL, CREMATION, OR REMOVAL PLACE Bernsavia, Mo DATE 8/11 1934

19. UNDERTAKER Fisk & Sons, Co. (ADDRESS) Festus, Mo

20. FILED 8/11 1934 J. E. Rutledge Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 9 1934

22. I HEREBY CERTIFY, That I attended deceased from Mch. 5 1932 to Aug. 9 1934

I last saw him alive on Aug 7 1934 Death is said to have occurred on the date stated above, at 10:00 p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral apoplexy Date of onset 10/12/30

Other contributory causes of importance:

High blood pressure
Arteriosclerosis

Name of operation _____ Date of _____

What test confirmed diagnosis? Timed 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) J. W. Puckel, M. D.
(Address) Barnhart, Mo

