NOV 13 1934

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

Do not use this space.

35261

1. PLACE OF DEATH

County Buchanan — Registration District No. 83 — File No.

Township — Primary Registration District No. 1001 — Registered No. 1144

City St. Joseph (No. 2306, Bartlett St. Ward)

2. FULL NAME George Meier

(a) Residence, No. 2306 Bartlett Street St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 24 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: Ida Meier

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar. 2, 1865.

7. AGE: YEARS 69 — MONTHS 7 — DAYS 7 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Cooper Swift & Co
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Packing Plant
10. Date deceased last worked at this occupation (month and year): 1931
11. Total time (years) spent in this occupation: 21

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Boonville Missouri

FATHER

13. NAME: Joseph A. Meier
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Germany

MOTHER

15. MAIDEN NAME: Annie Stagner
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Germany

17. INFORMANT (ADDRESS): Mrs. Ida Meier 2306 Bartlett St. St. Joseph Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE: Ashland Cemetery DATE: October 11, 1934

19. UNDERTAKER (ADDRESS): H. O. Sidenfaden 1802 Union Street

20. FILED 10-10-1934 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Oct 4, 1934, to Oct 9, 1934

I last saw him alive on Oct 9, 1934. Death is said to have occurred on the date stated above, at 10.20 A.M.

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

	Date of onset
Influenza	10-3-34
11A	
107A 11A	
Other contributory causes of importance: Broncho Pneumonia	10-6-34

Name of operation: none 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) Walter J. Hansen, M. D.

(Address) 2802 Jules St.

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.