

JAN 1 8 1935

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

Do not use this space.

43785

1. PLACE OF DEATH

County Morgan Registration District No. 598
Township Morgan Primary Registration District No. 4355
City Versailles (No. St. Ward)

2. FULL NAME

Angelina Meyer
(a) Residence, No. St. Ward. (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 F.M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jacob C. Meyer
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 3 1845
7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
89 10 2
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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

13. NAME Rugh Carroll

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

15. MAIDEN NAME Jerusha Bailey

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

17. INFORMANT H. A. Meyer

(ADDRESS) Versailles, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Jamestown Mo DATE Dec 7 1934

19. UNDERTAKER W. F. Kiduree

(ADDRESS) Versailles, Mo.

20. FILED 12-6 1934 H. N. Julian Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 5 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov - 18 - 1934, to Dec - 5 - 1934

I last saw him alive on Dec - 5 - 1934. Death is said to have occurred on the date stated above, at 7 P. M.

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

Arterial sclerosis Date of onset 186A

194B

97

Other contributory causes of importance: Fracture left femur Nov 8-34

Name of operation none Date of

What test confirmed diagnosis? 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

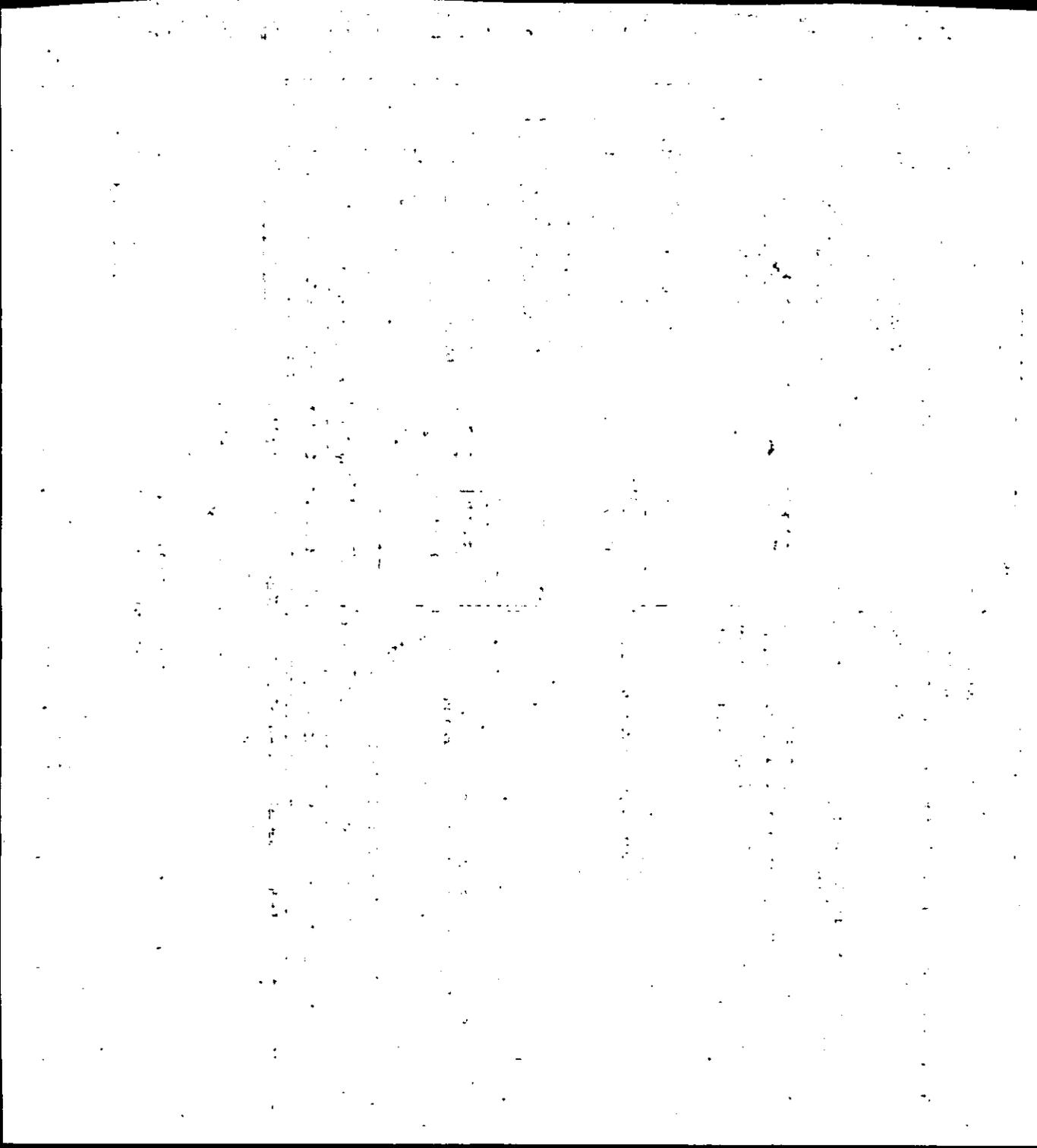
24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) A. J. Gunn, M. D.

(Address) Versailles, Mo.

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**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Morgan
Township.....
City..... (No..... St..... Ward)

Registration District No. 598
Primary Registration District No. 4353

File No.....
Registered No. 45

2. FULL NAME

Angelene Meyer

(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs or.....

89 10 2

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

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19.....

19. UNDERTAKER (ADDRESS)

20. FILED 2-5-35 H. J. Tutman Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 5 1934

22. I HEREBY CERTIFY, That I attended deceased from....., 19....., to....., 19.....
I last saw him..... alive on....., 19..... Death is said to have occurred on the date stated above, at..... m.

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

arterial sclerosis
fract left femur

Other contributory causes of importance:
860

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 11-18-34
Where did injury occur? Home - Pasadena Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury fall
Nature of injury fracture neck of femur

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) W. J. Gunn, M. D.
(Address) W. J. Gunn Mo

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. Exact statement of OCCUPATION is very important.

FEB 1 1935

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