

MISSOURI STATE BOARD OF HEALTH

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BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

29080

OCT 2 2 1935

1. PLACE OF DEATH

County Cole  
Township Osage  
City St. Thomas Mo. (No. ....)

Registration District No. 1158  
Primary Registration District No. 5296A

File No. 23  
Registered No. 5  
St. .... Ward)

2. FULL NAME Leo N. Meyerspeter

(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 41 yrs. 3 mos. 3 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 Rosa Meyerspeter

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 29th 1894

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
41 41 3 3 9

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Blacksmith & Gang  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Thomas Mo. (STATE OR COUNTRY)

10. NAME OF FATHER Bernard Meyerspeter

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Hesperia Mo. (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mary Buschick

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Kellytown Mo. (STATE OR COUNTRY)

14. INFORMANT Mary Meyerspeter (Address) St. Thomas, Mo.

15. FILED 9/4/35 By Dr. N. E. Wines Registrar J. A. Leubert Deputy

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 1 1935

17. I HEREBY CERTIFY, That I attended deceased from Aug. 27, 1935, to Sept 1, 1935, that I last saw him alive on Aug. 31, 1935, and that death occurred, on the date stated above, at 7 2 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Myocarditis  
Chronic Nephritis  
(duration) 2 yrs. .... mos. .... ds.

CONTRIBUTORY (SECONDARY) Ins. Cites (duration) yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED Mo. IF NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? NO DATE OF 9/2  
WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS (Signed) S. E. Gordon M. D. 9/2, 1935 (Address) 1701

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Thomas Cemetery DATE OF BURIAL 9/31 1935

20. UNDERTAKER Louis Buschick ADDRESS St. Thomas

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.

