

OCT 22 1935

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

Do not use this space.

29192

1. PLACE OF DEATH

County Franklin Registration District No. 297 File No. \_\_\_\_\_  
Township Washington Primary Registration District No. 3016 Registered No. 100  
City Washington, Mo (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Gotlieb Carl Frederick Meyer

(a) Residence, No. Stafford Str, Washington, Mo Ward. \_\_\_\_\_ (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 76 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) Single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12/6/1848

7. AGE YEARS 86 MONTHS 9 DAYS 1 IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farming  
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) Alsweide, Prussia Germany

FATHER 13. NAME Frederic Johan Meyer

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

MOTHER 15. MAIDEN NAME Sophia Englage

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

17. INFORMANT Walter Schmidt (ADDRESS) Washington Mo

18. BURIAL, CREMATION OR REMOVAL Lutheran Cemetery PLACE Washington Mo DATE Sept 10-35 19

19. UNDERTAKER Otto & Co (ADDRESS) Washington Mo

20. FILED Sept 9- 1935 H. A. May Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 7 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 5 1935 to Sept. 7 1935  
I last saw him alive on Sept. 7 1935. Death is said to have occurred on the date stated above, at 9:15 a.m.  
The principal cause of death and related causes of importance were as follows:

Apoplexy  
SM  
Other contributory causes (if important) \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? clinical Was there an autopsy? no

Date of onset Sept. 5 1935

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. Mauhin M. D.  
(Address) Washington, 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.

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