

NOV 18 1935

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

Do not use this space.

31745

1. PLACE OF DEATH

County Andrew
Township Nodaway
City (No. , , , , ,)

Registration District No. 13
Primary Registration District No. 5016

File No.
Registered No.
St. Ward)

2. FULL NAME Adam Mayer

(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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>M</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Hellen Mayer</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1-26-1874</u>				
7. AGE	YEARS <u>61</u>	MONTHS <u>8</u>	DAYS <u>14</u>	IF LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>			
	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) <u>Austria Hungary</u>				
FATHER	13. NAME <u>John Mayer</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Austria Hungary</u>			
MOTHER	15. MAIDEN NAME <u>Annie Mayer</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Austria Hungary</u>			
17. INFORMANT <u>Hellen Mayer</u> (ADDRESS) <u>Sacramento Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mount Olivet</u> DATE <u>10-12-1935</u>				
19. UNDERTAKER <u>E. P. Breyf</u> (ADDRESS) <u>Sacramento Mo</u>				
20. FILED <u>Oct-11-1935</u> <u>Wm A. R. King</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-10-1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 6, 1935, to Oct 10, 1935
I last saw him alive on Oct 6, 1935. Death is said to have occurred on the date stated above, at 5:15 p. m.
The principal cause of death and related causes of importance were as follows:
Chronic interstitial nephritis Date of onset 5 yrs
151
Other contributory causes of importance
General Anasarca
Cholera 6 mos

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 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?
If so, specify
(Signed) W. J. B. Conrad, M. D.
(Address) St. Joseph Mo

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.

