DEC 21 1935

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

Do not use this space.

1. PLACE OF DEATH
County Pulaski
Township Cullen
~~P.O. Kooker, Mo~~
Registration District No. 713
Primary Registration District No. 5942
File No. 37020
Registered No.
(No. ..... St. ..... Ward)

2. FULL NAME Richard Meier
(a) Residence, ~~No.~~ Pierce City Mo ~~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 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 Ruby Meier

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 10th 1899

7. AGE YEARS 36 MONTHS 4 DAYS 6 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machine Operator
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Machine Shop
10. Date deceased last worked at this occupation (month and year) Nov. 1935
11. Total time (years) spent in this occupation 9 yr

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

FATHER
13. NAME Henry Meier
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

MOTHER
15. MAIDEN NAME Catherine Brandon Burger
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

17. INFORMANT (ADDRESS) Ruby Meier Pierce City Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fuerstatt Mo DATE 11/15 1935

19. UNDERTAKER (ADDRESS) Paul Hoops Crocker Mo

20. FILED 10/16 1935 C. G. Talbot Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 16 1935

22. I HEREBY CERTIFY, That I attended deceased from ✓, 19..., to 4, 19...
I last saw h✓ 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:

Fractured Skull
Automobile Accident on Highway 66

Date of onset

Other contributory causes of importance:

217

Name of operation ..... Date of .....
What test confirmed diagnosis? Physical Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 11/16, 1935
Where did injury occur? Pulaski Co. Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
12½ East Waynesville Mo on #66
Manner of injury Automobile accident
Nature of injury Fractured Skull

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) Levi Harrison Coroner
(Address) Richland Mo

ALL INFORMATION CALLED FOR MUST BE WRITTEN IN THIS SPACE. Do not use this space.

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

1. PLACE OF DEATH
County Pulaski — Registration District No. 713 — File No.
Township Cullen — Primary Registration District No. 5942 — Registered No.
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Richard Meier

(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.

SUPPLEMENTAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
m	W	m

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 ..... min.
	36		16	

OCCUPATION
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)

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY)

MOTHER
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 11/16, 1935 C. O. Talbot Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... 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:

	Date of onset
Fractured Skull	
automobile accident	
Was driving his own Car.	

Other contributory causes of importance:

210

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) Levi Harrison, M. D.
(Address) Richland Mo

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