

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

Do not use this space.

869

FEB 19 1936

1. PLACE OF DEATH

County GADSDEN Registration District No. 303
Township ROARK Primary Registration District No. 5420
City (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME HENRY W. MEYER

(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>MALE</u>	4. COLOR OR RACE <u>WHITE</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>MARRIED</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>ROSA BEURMANN</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>MARCH 6 - 1869</u>		
7. AGE YEARS <u>66</u>	MONTHS <u>10</u>	DAYS <u>18</u>
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)
DETMOLD MO

13. NAME CHRISTIAN MEYER

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

15. MAIDEN NAME NEE SICKENDICK

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

17. INFORMANT OSCAR W. MEYER
(ADDRESS) OF

18. BURIAL, CREMATION, OR REMOVAL
PLACE BIG BERGER DATE JAN 26 1936

19. UNDERTAKER HERMAN BLUMER
(ADDRESS) BERGER MO

20. FILED 1-25 1936 Anna K. Ruckelshoff
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 24 - 1936 2 AM

22. I HEREBY CERTIFY That I attended deceased from Jan 24 1936 to Jan 24 1936
I last saw him alive on Jan 23 1936. Death is said to have occurred on the date stated above, at 2 AM.

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

Diabetes Mellitus
Date of onset unknown
Other contributory causes of importance: none

Name of operation none Date of _____
What test confirmed diagnosis? Physi 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) John Engelbrecht M. D.
(Address) Stacy Hill, 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.

WRITE CAREFULLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

