

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.

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

Do not use this space.

St. Pauline
APR 21 1936

6764

1. PLACE OF DEATH

County *Macon*
Township *Eagle*
City (No. _____) _____

Registration District No. *5133*
Primary Registration District No. *5714*

File No. _____
Registered No. *44*
St. _____ Ward _____

2. FULL NAME

(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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *2-14-* 19*36*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Addie Meff*

22. I HEREBY CERTIFY, That I attended deceased from *here* *1*, 19*35*, to *Jan 14*, 19*36*.
I last saw him alive on *Jan 14*, 19____. Death is said to have occurred on the date stated above, at *6:30* a.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Oct. 25 1860*

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
75 3 20

ulcer stomach, curiously hemorrhage.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Harmon*
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 _____

Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

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

13. NAME *Frederick W. Meff*

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

15. MAIDEN NAME *Kathryn Hess*

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

17. INFORMANT *Theodore Meff*
(ADDRESS) *Macon, Mo 6523*

18. BURIAL, CREMATION, OR REMOVAL
PLACE *Cowell Cem.* DATE *2-16-36*

19. UNDERTAKER *Stephens & Gooding*
(ADDRESS) *Macon, Mo*

20. FILED *4/10*, 19*36* *Seola Heintz*
Registrar.

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) *Am. Carr*, M. D.
(Address) *Macon Mo.*

