APR 23 1936

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

Do not use this space.

10818

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 1492

Township Kaw — Primary Registration District No. 1002 — Registered No.

City Kansas City, Mo. (No. 4445 Madison St St. Ward)

2. FULL NAME Caroline F. Meier

(a) Residence, No. Phillipsburg, 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. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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: John Walter Meier

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 8/23/1879

7. AGE: YEARS 56 — MONTHS 6 — DAYS 26 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
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): Carrolton, Mo.

FATHER

13. NAME: Millard Hostetter
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Carrolton, Mo.

MOTHER

15. MAIDEN NAME: Sarah Brickens
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

17. INFORMANT (ADDRESS): Jno. Walter Meier (husband) Phillipsburg, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Floral Hills DATE 3-20 1936

19. UNDERTAKER (ADDRESS): SHEIL FUNERAL 6606 INDEPEND — SHEIL FUNERAL HOME 6606 INDEPENDENCE AVE

20. FILED Mch 19 1936 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 13, 1936, to March 18, 1936
I last saw her alive on March 18, 1936 Death is said to have occurred on the date stated above, at 7:35 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of the Lung and Left breast (Breast - Primary)	[illegible]
Other contributory causes of importance: Chronic Myocarditis	[illegible]

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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) E. J. E. Evans, M. D.
(Address) 703 Waldheim Bldg

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.

362 1 - [illegible]

3621-Summ