

APR 23 1936

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

Do not use this space.

10853

File No. 1527

Registered No.

St. Ward

1. PLACE OF DEATH

County Jackson Registration District No. 399Township Blue Primary Registration District No. 1002City Ferguson City (No. 2807, Park)2. FULL NAME Olmer L. Meyer(a) Residence, No. 2807 Park 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 Male4. COLOR OR RACE White5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 15 1911

7. AGE

YEARS 24MONTHS 10DAYS 6

If LESS than 1 day, hrs. or min.

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) Emma (STATE OR COUNTRY) Mo

MOTHER FATHER

13. NAME William Meyer14. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY)15. MAIDEN NAME Elizabeth Meyer16. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY)17. INFORMANT W. C. Meyer (ADDRESS) 2807 Park

18. BURIAL, CREMATION, OR REMOVAL

PLACE Emma, Mo DATE 3-23 193619. UNDERTAKER B. V. Lindsey (ADDRESS) 384 Broadway20. FILED 3-21 1936 M. M. Crosby, Dist Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 21 193622. I HEREBY CERTIFY, That I attended deceased from Mar. 5th 1936, to Mar. 21st 1936I last saw him alive on Mar. 21st 1936. Death is saidto have occurred on the date stated above, at 12:35 AM.

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

Lobar Pneumonia Date of onset Mar 10thAcute Myocarditis 108

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Physical Was there an autopsy? No23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No Date of injury None, 1936

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 Heart

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify (Chiropractor)(Signed) D. J. [Signature] M. D.(Address) 8210 - E - 31st

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.

Bo. Aull

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