

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.

JUL 18 1936

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

Do not use this space.

14626-1

1. PLACE OF DEATH
 County Crawford Registration District No. 230
 Townshp Deputy Primary Registration District No. 9312
 City Cuba (No.) St. Ward

2. FULL NAME Charles E 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

MEDICAL CERTIFICATE OF DEATH

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 Dora Meyer
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 19, 1868
 7. AGE YEARS 72 MONTHS 11 DAYS 22 If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stone Cutter
 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) New York City
 13. NAME C. E. Meyer
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Y.
 15. MAIDEN NAME Lillian Meyer
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York
 17. INFORMANT Mrs. Dora Meyer
 (ADDRESS) Cuba, Mo.
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE Traders Cem. DATE 4/13 No. 36
 19. UNDERTAKER (ADDRESS) First National Bank
 20. FILED May 1 1936 G. G. A. Henry Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 11, 1936
 22. I HEREBY CERTIFY, that I attended deceased from Mar 7, 1936 to April 11, 1936
 last saw him alive on April 10, 1936 Death is said to have occurred on the date stated above, at 5 1/2 m.
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset
 Other contributory causes of importance:
 Name of operation None Date of
 What test confirmed diagnosis? Clinical 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? Yes
 If so, specify
 (Signed) Guillermo G. A. Henry, D.
 (Address) Cuba, Mo.

