

JUN 24 1936

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

Do not use this space.

20129

1. PLACE OF DEATH

County Morgan Registration District No. 919  
Township New Creek Primary Registration District No. 4551  
City Stover (No. \_\_\_\_\_, St. \_\_\_\_\_ Ward \_\_\_\_\_)

2. FULL NAME

Anna 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>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ernest Meyer</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 1 1853</u>		
7. AGE YEARS <u>83</u>	MONTHS <u>4</u>	DAYS <u>11</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</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) <u>Lafayette Co. Mo.</u>		
13. NAME <u>George Driver</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
15. MAIDEN NAME <u>Marie Weisler</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
17. INFORMANT <u>Mrs Tom Johnson</u> (ADDRESS) <u>Stover Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE <u>Concordia Mo</u> <u>May 12 1936</u>		
19. UNDERTAKER <u>H. F. Duensing</u> (ADDRESS) <u>Concordia Mo</u>		
20. FILED <u>June 12 1936</u> <u>Paul Ripberger</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 12 1936

22. I HEREBY CERTIFY, That I attended deceased from May 12 1936 to May 12 1936  
I last saw her alive on May 12 1936 Death is said to have occurred on the date stated above, at 6 a m.  
The principal cause of death and related causes of importance were as follows:  
Edema of Lung  
Unable to talk cause  
Date of onset May 12 1936

Other contributory causes of importance:  
III

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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? \_\_\_\_\_  
If so, specify Chas A Priest  
(Signed) Stover Mo, M. D.  
(Address)

WRITE PLAINLY, WITH UNFADING INK---THIS PERMANENT

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

