

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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 16 1936

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

Do not use this space.

1. PLACE OF DEATH

County Bates

Registration District No. 50

File No. 21939

Township

Primary Registration District No. 3004

Registered No. 47

City Buller (No. _____) St. _____ Ward _____

2. FULL NAME

Viola O. 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

female

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Joe Meyer

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

Sept 20

7. AGE

YEARS 75

MONTHS

DAYS

IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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

Launderer

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)

Illinois

MOTHER FATHER

13. NAME

Wm. Deak Moon

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

don't know

15. MAIDEN NAME

Lucy Simpson

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

don't know

17. INFORMANT (ADDRESS)

Joe Meyer Buller

18. BURIAL, CREMATION, OR REMOVAL

PLACE Oak Hill DATE June 7 1936

19. UNDERTAKER (ADDRESS)

Cebus Buller mo.

20. FILED June 6 19 36 Mrs. C. E. Cebus Dep. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 5th 36

I HEREBY CERTIFY That I attended deceased from May 10th 36 to June 5th 36

I last saw her alive on June 5 1936 Death is said to have occurred on the date stated above, at _____ m.

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

Chronic myocarditis Date of onset _____

Other contributory causes of importance:

Chronic nephritis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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? _____

If so, specify L. D. La Rue (Signed) _____, M. D.

(Address) Buller mo.

