

DEC 3 1936 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

38371

1. PLACE OF DEATH

County Marion Registration District No. 548.
Township South River Primary Registration District No. 5741.
City (No.) St. Ward

File No. _____
Registered No. 43.

2. FULL NAME

Lloyd Richard Meyer

(a) Residence, No. _____ St. _____ Ward. _____
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 21, 1936

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
0 0 0

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

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) Marion County, Mo.

13. NAME Floyd Meyer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Adams County, Ill.

15. MAIDEN NAME Helen Minnick

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rolls County, Missouri

17. INFORMANT Floyd Meyer
(ADDRESS) Palmyra, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Zion Cem. Hannibal, Mo. DATE 10/22/36

19. UNDERTAKER (ADDRESS) Lewis Bros Palmyra, Mo.

20. FILED Oct. 22 - 1936 Wendell Lee Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Oct 21, 1936, to Oct 21, 1936

I last saw him alive on 10^{am} Oct 21, 1936 Death is said to have occurred on the date stated above, at 1:30 p.m.

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

Prematurity Date of onset _____

Other contributory causes of importance: Acute respiratory, congenital

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 _____

(Signature) Wendell Lee, M. D.
(Address) Palmyra, Mo.

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.

