

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

Do not use this space.

FEB 23 1937

**1. PLACE OF DEATH**  
 County Wasson Registration District No. 304  
 Township Richland Primary Registration District No. 5421  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Stillborn 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.

File No. 5845  
 Registered No. 30

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

<b>3. SEX</b> <u>Male</u>	<b>4. COLOR OR RACE</b> <u>White</u>	<b>5. SINGLE, MARRIED, WIDOWED, OR DIVORCED</b> (write the word) <u>Single</u>		
<b>5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF</b> <u>✓</u>				
<b>6. DATE OF BIRTH (MONTH, DAY, AND YEAR)</b> <u>Feb 5-1937</u>				
<b>7. AGE</b>	<b>YEARS</b>	<b>MONTHS</b>	<b>DAYS</b>	<b>IF LESS than 1 day, hrs. or min.</b>
<b>8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.</b> <u>✓</u>				
<b>9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.</b> <u>✓</u>				
<b>10. Date deceased last worked at this occupation (month and year)</b> <u>✓</u>			<b>11. Total time (years) spent in this occupation.</b> <u>✓</u>	
<b>12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b> <u>Morrisan mo R. F. D.</u>				
<b>13. NAME</b> <u>Edmond Meyer</u>				
<b>14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b> <u>Morrisan mo R. F. D.</u>				
<b>15. MAIDEN NAME</b> <u>Jane Koelling</u>				
<b>16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b> <u>Morrisan mo R. F. D.</u>				
<b>17. INFORMANT</b> <u>X</u> (ADDRESS)				
<b>18. BURIAL, CREMATION, OR REMOVAL</b> PLACE <u>X</u> DATE _____ 19__				
<b>19. UNDERTAKER</b> <u>X</u> <u>none</u> (ADDRESS)				
<b>20. FILED</b> <u>2-20-37</u> <u>F. J. Kieck</u> Registrar.				

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** 2/5, 1937

**22. I HEREBY CERTIFY, That I attended deceased from** Feb 5, 1937, to Feb 5, 1937  
 I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. 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:  
Stillborn  
 Date of onset \_\_\_\_\_

Other contributory causes of importance: Twin births

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 \_\_\_\_\_  
 (Signed) Howard Holman, M. D.  
 (Address) Hermann 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.

