

APR 16 1937

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

Do not use this space.

1. PLACE OF DEATH

County Callaway
Township Fulton
City Fulton (No. 11)

Registration District No. 104
Primary Registration District No. 3008

File No. 11386
Registered No. 92
St. _____ Ward _____

2. FULL NAME

Centay Meyers

(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 0 yrs. 0 mos. 8 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>D.K.</u>
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>D.K.</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>D.K.</u>		
7. AGE	YEARS <u>90</u>	MONTHS <u>?</u>
	DAYS <u>?</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>none</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

MOTHER FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>D.K.</u>
	13. NAME <u>D.K.</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>D.K.</u>
	15. MAIDEN NAME <u>D.K.</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>D.K.</u>
	17. INFORMANT (ADDRESS) <u>Hosp. Records Fulton, Mo</u>
18. BURIAL, CREMATION, OR REMOVAL	
PLACE <u>Fulton, Mo</u> DATE <u>Mar 29, 1937</u>	
19. UNDERTAKER (ADDRESS) <u>Western Funeral Home Fulton, Mo.</u>	
20. FILED <u>Mar 29, 1937</u> <u>R. N. Crease</u> Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 28, 193722. I HEREBY CERTIFY, That I attended deceased from Mar 20, 1937, to Mar 28, 1937I last saw her alive on Mar 28, 1937. Death is said to have occurred on the date stated above, at 2:30 p.m.

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

Arteriosclerotic Heart Disease with Auricular Fibrillation D.K.

Other contributory causes of importance:

Smility ASB

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) Jas. R. Muelkey, M. D.(Address) Fulton, 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.

