

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

Do not use this space.

JUN 23 1937

20493

1. PLACE OF DEATH

County *Laclede*
Township *Anglais*
City (No.)

Registration District No. *459*
Primary Registration District No. *5615-2*

File No. *8*
Registered No. *8*
St. Ward

2. FULL NAME

Peter Meuth
(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 *M* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Andria Uder*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Jan 11 1851*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
82 8 9

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

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) *Germany*

13. NAME *John Meuth*

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

15. MAIDEN NAME *Untermauer*

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

17. INFORMANT (ADDRESS) *Genelia Meuth, Lebanon Mo*

18. BURIAL, CREMATION, OR REMOVAL *Habman Cemetery Sept 21, 1937*

19. UNDERTAKER (ADDRESS) *Habman & Stewart, Lebanon Mo*

20. FILED *6/15* 1937 *D. A. Atkins* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sept 20* 1937

22. I HEREBY CERTIFY, That I attended deceased from

19 to 19 I last saw h. alive on *Coroner Exam* 19 Death is said

to have occurred on the date stated above, at *9 A. M.*

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

Cerebral Hemorrhage Date of onset *Jan 16, 1930*

Senility

Other contributory causes of importance: *82A*

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? *no*

If so, specify

(Signed) *J. W. Summers*, M. D.

(Address) *Lebanon Mo*

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.

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1846-9-13

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