SEP 15 1937

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

Do not use this space.

7 1. PLACE OF DEATH 2 1

County Bates — Registration District No. 50 — File No. 30051

3 Township — Primary Registration District No. 3004 — Registered No. 57

4 City Butler (No. ..... St. ..... Ward)

2. FULL NAME Joseph Meyers

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs Viola Meyers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 13 1842

7. AGE: 2 — YEARS 85 — MONTHS 0 — DAYS 28 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant
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) St Louis Co Mo.

FATHER

13. NAME Don't Know
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

MOTHER

15. MAIDEN NAME Don't Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know.

17. INFORMANT (ADDRESS) Paul Levy Butler Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Hill DATE Aug 12 1937

19. UNDERTAKER (ADDRESS) Culver Butler Mo

20. FILED Aug 12 1937 Nina L Culver Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 11 1937

22. I HEREBY CERTIFY, That I attended deceased from July 20th 1937, to Aug 11th 37.
I last saw him alive on Aug 11th 1937 Death is said to have occurred on the date stated above, at 11 P m.
The principal cause of death and related causes of importance were as follows:

Chronic Nephritis — Date of onset

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Other contributory causes of importance: Chronic Prostatitis

Name of operation ..... Date of ..... No
What test confirmed diagnosis? Vin 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? No
If so, specify .....
(Signed) L. D. La Hue, M. D.
(Address) Butler, 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.

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