

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

Do not use this space.

**DEC 16 1937**

**1. PLACE OF DEATH**

County Couper

Registration District No. 222-5303

Township Pilot Grove

Primary Registration District No. 41-3-5

File No. 17 41079

Registered No. \_\_\_\_\_

near Pilot Grove (No. \_\_\_\_\_)

St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Lawrence Francis Meyer

(a) Residence, No. Pilot Grove St. Mo.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 12 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July-7-1925

7. AGE YEARS 12 MONTHS 4 DAYS 12 IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.   
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) Pleasant Green Missouri

FATHER 13. NAME Henry Meyer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pilot Grove Missouri

MOTHER 15. MAIDEN NAME Lena Schmitz

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pilot Grove Missouri

17. INFORMANT Henry Meyer (ADDRESS) \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE Joseph Cem DATE 11-22-37

19. UNDERTAKER Ways & Stocklein (ADDRESS) Pilot Grove, Mo.

20. FILED Nov 20 1937 Mrs. E. B. McClutcheon Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 19 1937

22. I HEREBY CERTIFY, That I attended deceased from 7-8, 1936, to 11-19, 1937

I last saw him alive on 10-12, 1937. Death is said

to have occurred on the date stated above, at 12:15 P. M.

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

Rheumatic Fever  
Endocarditis

Date of onset 1935

Other contributory causes of importance: ADA

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) Gozzely, M. D.

(Address) Pilot Grove, Mo.

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.

