

JAN 19 1938

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

Do not use this space  
45860

1. PLACE OF DEATH

55 County Linn  
Township Penon  
City (No. ....) (Name .....) (Ward)

Registration District No. 470  
Primary Registration District No. 5634

File No. 777  
Registered No. 211

2. FULL NAME

Henry Wm. Meier  
(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

MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 7 1937

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

17. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1937, to Dec 7, 1937 that I last saw him... alive on Dec 1st, 1937, and that death occurred, on the date stated above, at 10:00 a.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 5 1872

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
65 | 6 | 7

Chronic Myocarditis

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work farmer  
(b) General nature of industry, business, or establishment in which employed (or employer) .....  
(c) Name of employer .....

CONTRIBUTORY (SECONDARY) Arterio-Sclerotic Calciosis  
(duration) ? yrs. .... mos. .... ds.

9. BIRTHPLACE (CITY OR TOWN) Okemulle  
(STATE OR COUNTRY) Illinois

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH? Home

10. NAME OF FATHER Christian Meier

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany  
(STATE OR COUNTRY) .....

WAS THERE AN AUTOPSY? no

12. MAIDEN NAME OF MOTHER Sophia Schaeffer

WHAT TEST CONFIRMED DIAGNOSIS? Phys. & Subjective Expm  
(Signed) H. Rose Clark, M. D.  
, 19 (Address) Pine City, Mo.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany  
(STATE OR COUNTRY) .....

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. INFORMANT (Address) Mrs. Katie Meier  
111 N. 1st St. Linn, Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL 1249 1937  
DATE OF BURIAL

15. FILED Dec 9 1937 E. B. Wright  
REGISTRAR

20. UNDERTAKER Callaway  
ADDRESS Mouset

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

