

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.

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

18777  
Do not use this space.

DEC'D JUN 22 1938

1. PLACE OF DEATH *2*  
(a) County *Linn* Registration District No. *446*  
(b) Township *Yellow Creek* Primary Registration District No. *3075*  
(c) City *1* (d) Street No. *5670* Registered No. *47*  
(e) Length of residence in city or town where death occurred *60* yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
2. PRINT FULL NAME *Mary Anna Meyer* *65111*  
(a) Residence, No. *St. Catherine, Mo. R.F.D.* St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F.* 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) *Mar. 20, 1860*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
*78 2 11*

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc. *at home*  
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) *Boston, new york*

FATHER 13. NAME *Henry Meyer*  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Alsace - France*

MOTHER 15. MAIDEN NAME *Anna Mary - Meyer*  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Wurtemberg Germany*

17. INFORMANT (ADDRESS) *Mrs Clarence Pantley St. Catherine, Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Linhart Chapel* DATE *June 2, 1938*

19. FUNERAL DIRECTOR (ADDRESS) *Rush Funeral Home Brookfield, Mo.*

20. FILED *June 9 1938* *Prothman* Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 31, 1938*

22. I HEREBY CERTIFY, That I attended deceased from *July*, 19*37*, to *May 31*, 19*38*  
I last saw her alive on *May 30*, 19*38*. Death is said to have occurred on the date stated above, at *3 P.* m.  
The principal cause of death and related causes of importance were as follows:  
*Chronic interstitial nephritis* Date of onset *32*  
*Chronic Myocarditis*

Other contributory causes of importance: *131*

Name of operation *None* Date of *—*  
What test confirmed diagnosis? *Usual* 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) *Chetwood* M. D.  
(Address) *Brookfield, Mo.*

