

REC'D JUL 20 1938

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

Do not use this space.

22093

1. PLACE OF DEATH

County Jasper  
Township  
City Carthage

Registration District No. 408  
Primary Registration District No. 3020  
(No. Mc. Cune - Brooks Hosp.) St. Ward

File No.  
Registered No.

2. FULL NAME

Mildred Meister  
(a) Residence, No. 14 Powell Mo. A. R. Ward.

(If nonresident, give city or town and State)

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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1915-3-29

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
23 3 0

OCCUPATION 8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc. Housewife  
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 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lawrence Co. Mo.

FATHER 13. NAME Wm. Frank Uher 4

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Adrian Mo.

MOTHER 15. MAIDEN NAME Lucy Uher

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincolnshire Eng.

17. INFORMANT (ADDRESS) Vernal Meister  
14 Powell Mo. R. R.

18. BURIAL, CREMATION, OR REMOVAL PLACE Red Oak DATE 6-30 38

19. UNDERTAKER (ADDRESS) Morris & Leiman  
Miller Mo.

20. FILED June 30, 1938 E. G. McIntire, M.D.  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-29 1938

22. I HEREBY CERTIFY, That I attended deceased from 6/28 1938, to 6/28 1938

I last saw her alive on 6/29 1938. Death is said to have occurred on the date stated above, at 5<sup>25</sup> A. M.

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

Extensive burns over whole body destroying 90% of skin surface of 3rd degree  
Date of onset 6/28/38

Other contributory causes of importance: 210 B

Name of operation none Date of 6/28/38

What test confirmed diagnosis? physical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Burns Date of injury 6/28 1938

Where did injury occur? Lawrence Co. Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home or in public place.

auto accident

Manner of injury Car turned over & caught fire

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) George H. Wood M. D.

(Address) Carthage Mo

