

REC'D OCT 18 1938

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan  
Township  
City St Joseph (No. State Hosp #2)

Registration District No. 85  
Primary Registration District No. 1001

File No. 31769  
Registered No. 976  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. Mc Fall 790 St. Ward Mc Fall no  
(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 1 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Austin Meyer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 13 1897

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hra. or .....min.  
60 9 11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home  
10. Date deceased last worked at this occupation (month and year) March '38 11. Total time (years) spent in this occupation. Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME John Gray

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

15. MAIDEN NAME Williams

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

17. INFORMANT (ADDRESS) Records of State Hosp

18. BURIAL, CREMATION, OR REMOVAL PLACE Mc Fall no DATE 9-25 19 38

19. UNDERTAKER (ADDRESS) G. S. Gromer

20. FILED Sept 24, 1938 H. J. Neithubush Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 24 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 17 1938 to Sept 24 1938  
I last saw her alive on Sept 24 1938. Death is said to have occurred on the date stated above, at 10:45 a.m.

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

Cellulitis and Gangrene of Rt. Hand and Arm.

Date of onset Sept 3 1938

Other contributory causes of importance: 9.5.18

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? Clin & Lab 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) C. B. Davis \_\_\_\_\_, M. D.  
(Address) State Hosp #2

By C. B. Davis

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.

I, G. S. Gromer, Licensed Embalmer No. 2857

hereby certify that the body recorded on the reverse side of this

Certificate was embalmed by me

or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

(Signed) G. S. Gromer

Licensed Embalmer No. 2857

NOTE: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
(Failure to comply with this regulation constitutes grounds for revocation of license.)

EMERALD STATE BOARD OF EMERALD STATE

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FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

31769  
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85-  
(b) Township ..... Primary Registration District No. 1201 Registered No. 976  
(c) City St Joseph (d) Street No. .... St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Nellie Meyer

(a) Residence, No. .... 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
60 9 11

OCCUPATION  
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.  
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)

FATHER  
13. NAME

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

MOTHER  
15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE ..... DATE ..... 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 9-24-38 C. M. Davis Local Registrar. St Joseph Mo

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 24 1938

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19... Death is said

I last saw h... alive at ... 19... m. to have occurred on the date stated above, at ... m.

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

Cerebritis and meningitis  
of the hand and arm  
(etiology unknown)  
Date of onset Sept 3

Other contributory causes of importance:  
N.M.D. - 986

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? no known cause

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? If so, specify.

(Signed) C. M. Davis, M. D.  
Address St Joseph Mo

SUPPLEMENT

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.  
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.

