

REC'D NOV 5 1938

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

Do not use this space.

36137

1. PLACE OF DEATH
55 County of Lawrence Registration District No. 469
Township Lincoln Primary Registration District No. 3-6-30
City (No. _____) _____ St. _____ Ward _____

File No. _____
Registered No. 17

2. FULL NAME Mary Elizabeth Meyers
(a) Residence, No. Sheldon Nicholas Ward _____
(Usual place of abode) _____ (If nonresident, give city or town and State)
Length of residence in city or town where death occurred all of yrs. _____ mos. _____ ds. _____
How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-18-1862
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
75 11 2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-20-1938
22. I HEREBY CERTIFY, That I attended deceased from 8-15-1938, to 9-20-1938
I last saw him 3 alive on 8-15-1938 Death is said to have occurred on the date stated above, at 9:15 a.m.
The principal cause of death and related causes of importance were as follows:

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

Chronic Nephritis
Date of onset _____
Other contributory causes of importance: 101

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dick Co. Mo.
13. NAME R. B. Nicholas
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alabama
15. MAIDEN NAME Sodaki Tusa
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

Name of operation Chronic Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? 70

17. INFORMANT Mrs. Sheldon Nicholas
(ADDRESS) Miller Mo. R. B.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Meisner DATE 9-20-1938

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.

19. UNDERTAKER Monroe Timon
(ADDRESS) Miller Mo.
20. FILED 11-1 1938 J. S. & Bunn Registrar 120

Manner of injury _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? 70
If so, specify _____
(Signed) W. S. Bunn, M. D.
(Address) Miller Mo.

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.

RECEIVED

District Health Officer No. 6,

District File Number 6-38-425

Date Filed 11/2/38