

JAN 17 1939

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

Do not use this space.

42283

1. PLACE OF DEATH

County Benton Registration District No. 59
Township Williams Primary Registration District No. 5094
City Cole Camp, Mo. (No. _____) St. _____ Ward _____

2. FULL NAME

Emma Meyer
(a) Residence, No. Cole Camp, Mo. St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Card Meyer</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 15 - 1851</u>		
7. AGE	YEARS	MONTHS
<u>87</u>	<u>4</u>	<u>21</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		
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) <u>Apr 1938</u>		11. Total time (years) spent in this occupation <u>Life</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo</u>		
MOTHER	13. NAME <u>Adick Bohling</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	15. MAIDEN NAME <u>Adelheid Borchers</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
FATHER	17. INFORMANT <u>Henry Meyer</u> (ADDRESS) <u>Cole Camp, Mo.</u>	
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cole Creek</u> DATE <u>Dec 7 1938</u>	
19. UNDERTAKER (ADDRESS) <u>Papp & Livingston</u> <u>Stover, Mo.</u>		
20. FILED <u>12-6-1938</u> <u>Sue Selover</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-4-1938

22. I HEREBY CERTIFY, That I attended deceased from 12-10-1938, to 12-4-1938
I last saw him alive on 12-3-1938. Death is said to have occurred on the date stated above, at 130 A. m.
The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia Date of onset _____

Other contributory causes of importance: 10/8

Name of operation _____ Date of _____
What test confirmed diagnosis Clinical 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) D. P. Reser, M. D.
(Address) Cole Camp, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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. 7,
District File Number 2-29-102
Date Filed 1-12-39