1939

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

Do not use this space.

43336

1. PLACE OF DEATH 3
County Jackson 1 Registration District No. 400 File No.
Township Prairie Primary Registration District No. 5553B Registered No. 247
City Lees Summit (No. Filling Station Highway #50 St. Ward)

2. FULL NAME William Junior Meyer
(a) Residence, No. Lees Summit Mo Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ruth Meyer
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-6-1891
7. AGE YEARS 46 MONTHS 11 DAYS 26 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Automobile
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) Lawson Mo

FATHER
13. NAME W. H. Meyer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Katherine Meadows
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk. Ky.

17. INFORMANT (ADDRESS) Mrs Ruth Meyer Lees Summit Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Lawson, Mo. DATE Dec 4 1938
19. UNDERTAKER (ADDRESS) Fields James Lees Summit Mo
20. FILED 12-3- 1938 William T. Fields Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 2, 1938
22. I HEREBY CERTIFY, That I attended deceased from Coroner 19..., to ..., 19...
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 10:10 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Shot self through the head with a 32 Smith & Wesson	

Other contributory causes of importance: 167

Name of operation none Date of
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? Suicide Date of injury Dec. 2, 1938
Where did injury occur? Lees Summit, Mo. R.D. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place? L.S at McClures' station on 50 highway 1 mi. N.W. of
Manner of injury shot self
Nature of injury Bullet went through head from right to left

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) A. G. Swaney Deputy Coroner, M. D.
(Address) Lees Summit, 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.

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