

1939 JUN 20 1939

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

Do not use this space.

1. PLACE OF DEATH

County *Chariton*  
Township  
City *Dalton* (No. \_\_\_\_\_)

Registration District No. *169*  
Primary Registration District No. *4099*

File No. *18344*  
Registered No. *25* St. \_\_\_\_\_ Ward)

2. FULL NAME

*Caroline Mary Meyer*  
(a) Residence, No. \_\_\_\_\_ St., \_\_\_\_\_ Ward.  
(Usual place of abode)  
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>F. H. Meyer</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>March 10 1871</i>		
7. AGE	YEARS <i>68</i>	MONTHS <i>2</i>
	DAYS <i>2</i>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>House wife</i>	
	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
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<i>Dalton</i>	<i>0</i>
FATHER	13. NAME <i>John Steinger</i>	<i>9</i>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<i>Werkraum</i>
MOTHER	15. MAIDEN NAME <i>Elysa Sauer</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<i>Dalton Chariton Co.</i>
17. INFORMANT (ADDRESS)	<i>H. W. Heibler Dalton, Mo.</i>	
18. BURIAL, CREMATION, OR REMOVAL PLACE	<i>Dalton</i>	DATE <i>5/14</i> , 19 <i>39</i>
19. UNDERTAKER (ADDRESS)	<i>Mary's Funeral Home Sunswick, Mo.</i>	
20. FILED	<i>May 13 1939</i>	<i>Harry C. Tatum Registrar</i>

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 12 1939*

22. I HEREBY CERTIFY, That I attended deceased from *April 8*, 19*39*, to *May 8*, 19*39*. I last saw him alive on *May 8*, 19*39*. Death is said to have occurred on the date stated above, at *1:15 P.M.*. The principal cause of death and related causes of importance were as follows:  
*Carcinoma Breast*  
Date of onset *50*

Other contributory causes of importance:  
*B.P. 240 over 140  
organic heart*

Name of operation *Breast amputation* Date of *Apr 27*  
What test confirmed diagnosis? *Bisphur* 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) *J. L. Fisher D.O.*  
(Address) *Brentwood 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.

