

REC'D JUL 17 1939

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

Do not use this space.

22922

1. PLACE OF DEATH

County Pettis Registration District No. 668
Township 1 Primary Registration District No. 3032
City Sedalia (No. 600)

File No. _____
Registered No. 189 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 600 North Quincy St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Mrs. Anna Meyer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 7, 1866

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>73</u>	<u>4</u>	<u>3</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cigar Manufacture
10. Date deceased last worked at this occupation (month and year) 1937 11. Total time (years) spent in this occupation _____

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

FATHER

13. NAME Christian Meyer

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

MOTHER

15. MAIDEN NAME Anna Kruse

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

17. INFORMANT Harry Meyer
(ADDRESS) 520 North Quincy

18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Hill DATE 6/12 1939

19. UNDERTAKER Duane Ewing 906
(ADDRESS) Sedalia, Mo.

20. FILED 6-12-39 1939 Mrs Harry Suedl
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 10, 1939

22. I HEREBY CERTIFY, that I attended deceased from June 6, 1939, to June 10, 1939
I last saw him alive on June 10, 1939 Death is said to have occurred on the date stated above, at 11:20 m.

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

Cerebral Haemorrhage June 6 1939
apoplexy
g.l.v.

Other contributory causes of importance:
arterio-sclerosis

Name of operation _____ Date of _____
What test confirmed diagnosis Phys Exam 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) W. E. Suedl, M. D.
(Address) Sedalia, 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.

Dr. Beckemeyer

120 West 5th

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 7/3/59