

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

Do not use this space.

32362

1. PLACE OF DEATH

County Franklin Registration District No. 1104
Township Boone Primary Registration District No. 0415
City Boone (No. _____) St. _____ Ward _____

File No. _____
Registered No. 15

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? _____ yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Caroline Meyer</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>3-28-1866</u>		
7. AGE YEARS <u>73</u>	MONTHS <u>5</u>	DAYS <u>7</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>farmer</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>X X</u>		
10. Date deceased last worked at this occupation (month and year) <u>7-15-1937</u>		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New Haven Mo.</u>		
13. NAME <u>Christ Meyer</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
15. MAIDEN NAME <u>Louisa Engelage</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
17. INFORMANT <u>Warren Meyer</u> (ADDRESS) <u>Boone, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>W.F. Bedeath</u> DATE <u>9-7</u> 19 <u>37</u>		
19. UNDERTAKER (ADDRESS) <u>E.J. Meyer</u>		
20. FILED <u>9-7</u> 19 <u>37</u> <u>Charles R. Hundt</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-5 1937

22. I HEREBY CERTIFY That I attended deceased from June 4 - 1937 to Sept 5 - 1937
last saw him alive on Sept 4 1937. Death is said to have occurred on the date stated above, 8:50 P. m. ;
The principal cause of death and related causes of importance were as follows:
Cardiac Mitral Regurgitation

Date of onset _____

Other contributory causes of importance: 92%

Name of operation None Date of _____
What test confirmed diagnosis? _____ 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) A. O. Mess! M. D.
277 (Address) Boone, 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.

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