

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

Do not use this space.

31721

1. PLACE OF DEATH:

County Monticane
Township Wabster
City California

Registration District No. 571
Primary Registration District No. 4335

File No. _____
Registered No. 60
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____
(Usual place of abode)

St. _____ Ward _____

(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 <u>male</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 8-1860</u>		
7. AGE YEARS <u>76</u>	MONTHS <u>1</u>	DAYS <u>13</u>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Tailor</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)	
11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Monticane Co.</u>		
FATHER	13. NAME <u>Wm F Meyer</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Kathryn Weber</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT (ADDRESS) <u>Chas B Meyer</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cath Cem</u> DATE <u>8/23/36</u>		
19. UNDERTAKER (ADDRESS) <u>W. H. & Fred Meyer</u> <u>California Mo</u>		
20. FILED <u>9-1-36</u> <u>H. R. Popejoy</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Aug 21</u> , 19 <u>36</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>Aug 16</u> , 19 <u>36</u> to <u>Aug 21</u> , 19 <u>36</u> I last saw him alive on <u>Aug 21</u> , 19 <u>36</u> . Death is said to have occurred on the date stated above, at <u>11 P</u> m. The principal cause of death and related causes of importance were as follows: <u>Burns of rt arm and rt side of chest and back and left lower arm.</u> Date of onset <u>Aug 16 1936</u>
Other contributory causes of importance: <u>181</u>
Name of operation <u>none</u> . Date of _____
What test confirmed diagnosis? <u>Clinical</u> . Was there an autopsy? <u>no</u>
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide <u>Burns</u> . Date of injury <u>Aug 16, 1936</u> Where did injury occur? <u>his home in California</u> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. <u>Own home</u> Manner of injury <u>Gasoline stove caught</u> Nature of injury <u>Clothing afire</u>
24. Was disease or injury in any way related to occupation of deceased? If so, specify <u>no</u> (Signed) <u>E. A. Tibbitts</u> , M. D. (Address) <u>California</u>

