

REC'D MAY 22 1939

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

Do not use this space.

14703

1. PLACE OF DEATH *24*
 27 County *Crocker* Registration District No. *224*
 Township *Prairie Home* Primary Registration District No. *5203*
 City (No. _____) St. _____ Ward _____

2. FULL NAME *100 Bernard John Meyer*
 (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 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) *widowed*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *widowed*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Nov 14 - 1846*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hr. or min.
82 5 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Farmer*

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) *Germany 6*

13. NAME *Herman H. Meyer 6*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany 6*

15. MAIDEN NAME *Marianna Badman*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

17. INFORMANT *L. B. Meyer 1*
 (ADDRESS) *Prairie Home, Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Bedon Cem* DATE *5-6 1939*

19. UNDERTAKER *G. Albert Hornbeck*
 (ADDRESS) *Prairie Home, Mo.*

20. FILED *5-6 1939* Registrar. *D. W. Meredith*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *5-3 1939*

22. I HEREBY CERTIFY, That I attended deceased from *16-28 1939* to *5-3 1939*
 I last saw him alive on *5-3 1939* Death is said to have occurred on the date stated above, at *8 P. M.*
 The principal cause of death and related causes of importance were as follows:
Tuberc. Pneumonia *1939*

Other contributory causes of importance: *108*

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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?
 If so, specify *D. W. Meredith* M. D.
 (Signed) _____ (Address) *Prairie Home Mo*

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.

