

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.

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

Do not use this space.

REC'D FEB 21 1939

2100

1. PLACE OF DEATH
 27 County Cooper Registration District No. 224
 Township Prairie Home Mo. Primary Registration District No. 5219
 City (No. 2) St. _____ Ward _____
 2. FULL NAME Mary Anni Meyer
 (a) Residence, No. _____ St. 1 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female
 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 Benjamin Meyer
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 26-1853
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 7 2 7 26-act
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 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) Missouri
 MOTHER FATHER 13. NAME Nick Theissen
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 15. MAIDEN NAME Mary Fraadient
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 17. INFORMANT Nick Meyer (ADDRESS) Prairie Home Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Cedron Cem DATE 1-15-39
 19. UNDERTAKER C. Albert Hornbeck (ADDRESS) Prairie Home Mo.
 20. FILED 1-12-39 A. H. Meredith Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-13-39
 22. I HEREBY CERTIFY, That I attended deceased from 11-1-38, 1938, to 1-13-39
 I last saw her alive on 1-12-39, 1939 Death is said to have occurred on the date stated above, at 69 m.
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset 10/38
82 M
 Other contributory causes of importance:
Arterio Sclerosis Wet
 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 _____
 (Signed) A. H. Meredith M. D.
 202 (Address) Prairie Home Mo

