

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.

40725

1. PLACE OF DEATH

County *Moniteau*Township *Walker*City *California*Registration District No. *571*Primary Registration District No. *4335*File No. ~~40725~~Registered No. *57*

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

Male

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

He divorced

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

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

Apr 7-1860

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

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.

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)

Prussia

13. NAME

Jacob Meyers

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

Germany

15. MAIDEN NAME

Elizabeth Hackenbush

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

Prussia

17. INFORMANT

(ADDRESS)

Chas W Meyers
California Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Masonic Cem

DATE

*12/27**1932*

19. UNDERTAKER

(ADDRESS)

William & Fred Meyers
California Mo

20. FILED

*12-27**1932**Jas W. Rock*

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Dec 26, 19*32*22. I HEREBY CERTIFY, That I attended deceased from *Dec 7*, 19*32*, to *Dec 26*, 19*32*I last saw him alive on *Dec 26*, 19*32* Death is saidto have occurred on the date stated above, at *7:30* a. m.

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

Pneumonia, lobular
following Influenza

Date of onset

Other contributory causes of importance:

Name of operation *none*What test confirmed diagnosis? *Physical Exam* Date of _____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) *L. S. Latham*, M. D.(Address) *California Mo*

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