JAN 25 1929

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

Do not use this space.

41745

1. PLACE OF DEATH

County Moniteau

Township Walker

City California (No. St. Ward)

Registration District No. 511

Primary Registration District No. 4335

File No.

Registered No. 38

2. FULL NAME Martha Elizabeth Meyers

(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 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 Frank Meyers

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 3 1861

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ......min.
67	2	20	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Moniteau Co

PARENTS

10. NAME OF FATHER John Dearing

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Louisiana

12. MAIDEN NAME OF MOTHER Martha Redford

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Louisiana

14. INFORMANT Frank Meyers

(Address) California Mo

15. Filed Dec 24, 1928 Jas W Roth REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) December 23 1928

17. I HEREBY CERTIFY, That I attended deceased from ......, 19...., to ......, 19...., that I last saw h.... alive on ......, 19...., and that death occurred, on the date stated above, at ......m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Intestines

45 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 45 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? ...... DATE OF ......

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) D. M. Gray, M. D

12-24, 1928 (Address) California Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Masonic Cemetery

DATE OF BURIAL 12/25 1928

20. UNDERTAKER Williams & Friedmeyer

ADDRESS California Mo

RECORD

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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