

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

Do not use this space.

737

1. PLACE OF DEATH

County Cole Registration District No. 213 File No. _____
 Township Jefferson Primary Registration District No. 3014 Registered No. 16
 City Jefferson (No. _____) St. _____ Ward _____
2. FULL NAME Henry Meuker
 (a) Residence. No. _____ St. _____ Ward _____
 (Usual place of abode) _____
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>widowed</u>
5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND or (or wife) <u>Maggie Breuninger</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>April 2 - 1863</u>		
7. AGE <u>65</u>	YEARS 85	MONTHS <u>8</u>
		DAYS <u>23</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Self</u> (c) Name of employer <u>W. W. Hancock</u>		
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
10. NAME OF FATHER <u>Dr.</u>		
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Dr.</u>		
12. MAIDEN NAME OF MOTHER <u>Dr.</u>		
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Dr.</u>		
14. INFORMANT <u>H. F. Meuker</u> (Address) <u>177 Illinois</u>		
15. FILED <u>1-8-29</u> <u>S. W. Bedderson</u> REGISTRAR		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 3 1929

17. I HEREBY CERTIFY That I attended deceased from 7/4, 1928, to 1/3/29, 1929, that I last saw him alive on 1/4, 1929, and that death occurred, on the date stated above, at 2 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
95 B Asthma - aducers.
17 Cardic Renal disease
111 B

(duration) yrs. 6 mos. da.

CONTRIBUTORY (SECONDARY) Pneumonia, hypostatic
 (duration) yrs. mos. 2 da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? _____
 WHAT TEST CONFIRMED DIAGNOSIS? _____
 (Signed) Harold Entel, M. D.
17, 1929 (Address) Jefferson City 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 St. Matthews DATE OF BURIAL 1/8 29

20. UNDERTAKER Henry Meuker ADDRESS Jefferson

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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1929

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WHILE FILLING IN THIS FORM, WITH OUTWARDING INFORMATION IS A PERMANENT RECORD

