

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

Do not use this space.

2699

**1. PLACE OF DEATH**

95 County ..... Registration District No. 780  
Township St. Genevieve Primary Registration District No. 6025  
City ..... (No. ....) St. .... Ward .....

File No. ....  
Registered No. 10

**2. FULL NAME**

4 Kenneth 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 73 yrs. 9 mos. 12 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) married  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 3 1857  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
73 9 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer retired  
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) St. Genevieve (STATE OR COUNTRY) Missouri

13. NAME Jacob Meyer

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

15. MAIDEN NAME Helena Bacchle

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

17. INFORMANT Charles W. Meyer (ADDRESS) St. Genevieve Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE cell two DATE Jan 17 1931

19. UNDERTAKER John Bacchle (ADDRESS) St. Genevieve Mo

20. FILED Jan 16 1931 T. W. Douglas Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan - 15 - 1931  
22. I HEREBY CERTIFY That I attended deceased from Dec - 24, 1930, to Jan - 15 - 1931  
I last saw him alive on Jan - 4 - 1931 Death is said to have occurred on the date stated above, at 5:15 p.m.  
The principal cause of death and related causes of importance were as follows:

arterio-sclerosis Date of onset 1928  
92A  
110 B  
106 A 92 W

Other contributory causes of importance:  
chronic Endocarditis 1915  
acute Bronchitis 12/27/30  
Hydrothorax 1/19/31

Name of operation ✓ Date .....

What test confirmed diagnosis? clinical 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 .....

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify ✓  
(Signed) R. W. Lanning, M. D.  
(Address) St. Genevieve Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT 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.

FEB 2 1 1931

