

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

Do not use this space.

FEB 18 1936

451

1. PLACE OF DEATH

County Cape Girardeau
Township Rinder
City (No. _____) _____

Registration District No. 124
Primary Registration District No. 5777

File No. _____
Registered No. 2 St. _____ Ward _____

2. FULL NAME

Minnie S. 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F.</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Fred W Meyer</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 4 - 1866</u>		
7. AGE	YEARS <u>69</u>	MONTHS <u>2</u>
	DAYS <u>5</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan-9th, 1936
22. I HEREBY CERTIFY That I attended deceased from Nov 14 - 1935 to Jan-9th, 1936
I last saw him alive on 10:30 P.M., 1936 Death is said to have occurred on the date stated above, at 11:45 P.M.
The principal cause of death and related causes of importance were as follows:

Coronary sclerosis -
50
Other contributory causes of importance: arteriosclerosis - 18 yrs
arterio-sclerosis

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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) W. G. Johnson
(Address) Jacksn, Mo

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wisconsin</u>
	13. NAME <u>Samuel F. Schulz</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	15. MAIDEN NAME <u>Emilie Gumbert</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	17. INFORMANT <u>Paul Meyer</u> (ADDRESS) <u>Jacksn, Mo</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Paul Lutheran</u> DATE <u>1-13</u> , 19 <u>36</u>
	19. UNDERTAKER <u>M. S. Lamb & Co</u> (ADDRESS) <u>Jacksn, Mo</u>
	20. FILED <u>1-13</u> , 19 <u>36</u> <u>W. G. Johnson</u> Registrar.

COPYING 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.

[Illegible handwritten notes and scribbles, possibly including a signature or initials.]

[The remainder of the page contains extremely faint and illegible text, likely bleed-through from the reverse side of the document.]

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

Do not use this space.

1. PLACE OF DEATH

County St. Girardeau Registration District No. 124
Township Kinder Primary Registration District No. 5177
City (No. City St. Ward)

File No. _____
Registered No. 2

2. FULL NAME

Minnie L. 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hr. or min.
69 2 5

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19__

19. UNDERTAKER (ADDRESS)

20. FILED 3-5-36 D. G. Silber Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 9 1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
I last saw _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

The principal cause of death and related causes of importance were as follows:
Date of onset _____
Other contributory causes of importance:
Carcinoma of breast

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) W. G. Johnson M. D.
(Address) Jackson, Mo.

ING IN 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.

SUPPLEMENTARY

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