

OCT 15 1937

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

Do not use this space.

33601

1. PLACE OF DEATH

County BentonRegistration District No. 59File No. 33601

Township

Primary Registration District No. 4034Registered No. 257

City

Cole Camp

(No. _____)

St. _____

Ward _____)

2. FULL NAME

Heinrich Meyer

(a) Residence, No. _____

St. _____

Ward. _____

F. _____

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX

Male

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 OFAnna Meyer

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

9-18-577. AGE 80 YEARSMONTHS 0DAYS 1If LESS than 1
day, _____ hrs.
or _____ min.8. Trade, profession, or particular
kind of work done, as spinner, Retired Farmer
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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Lake Creek Mo

13. NAME

Jost Meyer14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Germany15. MAIDEN NAME Margaret Schmakenberg16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Lake Creek Mo17. INFORMANT Gottlieb Meyer
(ADDRESS) Lincoln Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Trinity LutheranDATE 9-23-37

19. UNDERTAKER

E L Eickhoff

(ADDRESS)

Cole Camp Mo

20. FILED

9-201937Sue Selover

Registrar.

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

9-19-371937

22. I HEREBY CERTIFY, that I attended deceased from

Jan-16 1937, to Sept 19 1937I last saw him alive on Sept 19 1937. Death is saidto have occurred on the date stated above, at 9:35 AM

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

mitral lesion

Date of onset

Other contributory causes of importance:

Name of operation none Date of _____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 _____

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) Karl J. Selover

M. D.

(Address) Cole Camp, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

