

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

9902  
Do not use this space.

REC'D APR 24 1939

**1. PLACE OF DEATH**

(a) County Audrain Registration District No. 26  
 (b) Township Saltriver Primary Registration District No. 3002  
 (c) City Mexico (d) Street No. Audrain Hospital Registered No. 42  
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME William A. Meyer**

(a) Residence, No. R.F.D. #1, Mexico, Mo. St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Single</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Single</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>June 25, 1881</b>		
7. AGE YEARS <b>58</b> MONTHS <b>57</b>	DAYS <b>222</b>	If LESS than 1 day, ..... hrs. or ..... min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <b>Farmer</b>		
9. Industry or business in which work was done, as saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year).....		
11. Total time (years) spent in this occupation <b>Life</b>		
12. BIRTHPLACE (CITY OR TOWN) <b>Audrain County, Mo.</b> (STATE OR COUNTRY)		
13. NAME <b>Andrew Meyer</b>		
14. BIRTHPLACE (CITY OR TOWN) <b>Germany</b> (STATE OR COUNTRY)		
15. MAIDEN NAME <b>Mary Segart</b>		
16. BIRTHPLACE (CITY OR TOWN) <b>Germany</b> (STATE OR COUNTRY)		
17. INFORMANT (ADDRESS) <b>Phillip Meyer Mexico, Mo.</b>		
18. BURIAL, CREMATION, OR REMOVAL <b>Audrain County, Mo</b> Progress Cemetery, DATE <b>March 19, 1939</b>		
19. FUNERAL DIRECTOR (NAME) <b>H.A. Precht &amp; Son</b> (ADDRESS) <b>Mexico, Mo.</b>		
20. FILED <b>Mar. 18, 1939 Blanche Neely</b> Local Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **3-17-39**

22. I HEREBY CERTIFY, That I attended deceased from **3-16-39** to **3-17-39**  
 I last saw him alive on **3-17-39**, 19..... Death is said to have occurred on the date stated above, at **3:30 P.M.**  
 The principal cause of death and related causes of importance were as follows:  
**Intestine hemorrhage (Clinical diagnosis) ulcer**  
 Date of onset **2/22/39**  
 Other contributory causes of importance:  
**distal myelitis, old fracture tibia & fibula**

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..... Date of injury **9-30-1939**  
 Where did injury occur? **farm home near Mexico**  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
**injury from hay wagon**  
 Manner of injury **fall from hay wagon**  
 Nature of injury **fall from loaded wagon**

24. Was disease or injury in any way related to occupation of deceased? **yes**  
 If so, specify **work on farm**  
 (Signed) **J. J. Tanner**, M. D.  
 (Address) **Mexico Mo**

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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RECEIVED

District Health Officer No. 10

District File Number 10-89-533

Date Filed APR 20 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

Earl E. Precht

, or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed

Earl E. Precht

Licensed Embalmer No. 3189

P. O. Address Mexico, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.