

APR 20 1936

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

Do not use this space.

11189

1. PLACE OF DEATH

County Gasper Registration District No. 411 File No. \_\_\_\_\_  
Township Joplin Primary Registration District No. 2002 Registered No. \_\_\_\_\_  
City Joplin (No. 1922 Wisconsin) (Ward) \_\_\_\_\_

2. FULL NAME

Charles Alexander Meyer

(a) Residence, No. 1922 Wisconsin Ward. \_\_\_\_\_ (If non-resident, 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 27 1869

7. AGE YEARS 66 MONTHS 3 DAYS 15 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dayman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. self

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) Mo

13. NAME Charles W Meyer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

15. MAIDEN NAME Mary A. Henderson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

17. INFORMANT Daniel Gibson

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairview DATE 3-14-36

19. UNDERTAKER W. B. Smith

20. FILED 3-14-36 E. D. Jones Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-13-1936

22. I HEREBY CERTIFY That I attended deceased from March 9 to March 13 1936

I last saw him live on March 13, 1936 Death is said to have occurred on the date stated above, at 1:30 m.

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

Hemorrhage of Brain Date of onset \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

Name of operation no 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 \_\_\_\_\_, 1936

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) W. B. Smith, M. D.

(Address) Joplin 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.

