

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

Do not use this space  
**13630**

**1. PLACE OF DEATH**

County Jasper Registration District No. 41  
 Township North Primary Registration District No. 2116  
 City Joplin (No. 160) Registered No. 160  
 Ward

**2. FULL NAME**

James Joseph 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 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 OF Charles L Meyer  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 9 - 1877  
 7. AGE YEARS 59 MONTHS 6 DAYS 12 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. home maker  
 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) Stella, Mo.

13. NAME Sander Cuthbert

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North, Mo.

15. MAIDEN NAME Wiley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North, Mo.

17. INFORMANT (ADDRESS) Charles Meyer

18. BURIAL, CREMATION, OR REMOVAL PLACE Joplin DATE 4-22-33

19. UNDERTAKER (ADDRESS) Wm. H. ...

20. FILED 4/22/33 Joplin, Mo. Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-21-1933  
 22. I HEREBY CERTIFY, That I attended deceased from July 1 - 1933 to 11 Nov 1 - 1933  
 I last saw him alive on Nov 1 - 1933 Death is said to have occurred on the date stated above, at 4:50 a.m.  
 The principal cause of death and related causes of importance were as follows:

Carcinoma of right Breast  
 Date of onset \_\_\_\_\_

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

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) J. B. ...  
 (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.  
 MAY 22 1933  
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