

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.

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

Do not use this space.

1. PLACE OF DEATH

County JacksonRegistration District No. 440Township PrairiePrimary Registration District No. 5533City Leis Summit(No. Killing Station Highway R. 58)File No. 43336Registered No. 247St. Mo. Ward

2. FULL NAME

(a) Residence, No. Leis Summit Mo. Ward

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 15 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) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ruth Meyer6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-6-18917. AGE YEARS 46 MONTHS 11 DAYS 26 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Salesman9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Automobile

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Lawson Mo (STATE OR COUNTRY)13. NAME H. H. Meyer14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)15. MAIDEN NAME Katherine Meadows16. BIRTHPLACE (CITY OR TOWN) unk. (STATE OR COUNTRY)17. INFORMANT Mrs. Ruth Meyer (ADDRESS) Leis Summit Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Lawson, Mo. DATE Dec 4-193819. UNDERTAKER Fields James (ADDRESS) Leis Summit Mo20. FILED 12-5-1938 William J. Fields Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 2, 193822. I HEREBY CERTIFY, That I attended deceased from Coroner to , 19I last saw him alive on , 19. Death is said to have occurred on the date stated above, at 10:10 a.m.

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

Shot self through the head with a 32 Smith & WessonOther contributory causes of importance: 167Name of operation none Date of What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? suicide Date of injury Dec 2, 1938Where did injury occur? Leis Summit, Mo. R.D.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place P.S. at Mr. Charles' station on 50 highway 1 mi. N.W. ofManner of injury shot selfNature of injury Shot self through head from right to left24. Was disease or injury in any way related to occupation of deceased? noIf so, specify (Signed) A. E. Swaney, M. D.(Address) Leis Summit, Mo.

JUL 30 1953