

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

Do not use this space.

1. PLACE OF DEATH  
24 County Clay Registration District No. 198  
2 Township Porter Primary Registration District No. 3011  
1 City Excelsior Springs (No. 120)  
2. FULL NAME Kate C. Meyers  
(a) Residence, No. 420 Kansas City ave. St. Lawson Mo.  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. ds. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>7</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>widowed</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 29-1885</u>		
7. AGE <u>83</u>	YEARS <u>10</u>	MONTHS <u>24</u>
8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. <u>at home</u>		
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) <u>Lebanon, Mo.</u> (STATE OR COUNTRY) <u>Mo.</u>		
13. NAME <u>Don't know</u>		
14. BIRTHPLACE (CITY OR TOWN) <u>Don't know</u> (STATE OR COUNTRY) <u>Mo.</u>		
15. MAIDEN NAME <u>Meadows</u>		
16. BIRTHPLACE (CITY OR TOWN) <u>Don't know</u> (STATE OR COUNTRY) <u>Mo.</u>		
17. INFORMANT <u>W. J. Meier</u> (ADDRESS) <u>Lawson, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Lawson</u> DATE <u>1-5-</u> <u>1938</u>		
19. UNDERTAKER <u>Philinda Jarman</u> (ADDRESS) <u>Lawson, Mo.</u>		
20. FILED <u>Jan. 7, 1938</u> <u>Korina M. Tracken</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 5<sup>th</sup>, 1938  
22. I HEREBY CERTIFY That I attended deceased from Oct. 12<sup>th</sup>, 1937, to Jan. 5<sup>th</sup>, 1938  
I last saw him alive on Jan. 4<sup>th</sup>, 1938. Death is said to have occurred on the date stated above, at 5:20 a.m.  
The principal cause of death and related causes of importance were as follows:

Angina Pectoris  
Intermittent  
**RECEIVED**  
Date of onset

Other contributory causes FEB 23 1938

**BUREAU OF VITAL STATISTICS  
MO. STATE BOARD OF HEALTH**

Name of operation none Date of us  
What test confirmed diagnosis? clinical Was there an autopsy? us  
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? us Date of injury us, 19us  
Where did injury occur? us (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
Manner of injury us  
Nature of injury us  
24. Was disease or injury in any way related to occupation of deceased? us  
If so, specify Edwin Shouse 1, M. D.  
(Signed) Lawson, Mo.  
(Address) Lawson, 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.

