

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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**

PLACE OF DEATH
County Deusslin
Township Freeborn
or
Village _____
or
City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 284 File No. 12758
Primary Registration District No. 5403 Registered No. 11

FULL NAME William H. Meek

[If death occurred in a hospital or institution, give its NAME instead of street and number]

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>married</u>
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DATE OF BIRTH May 6, 1858
(Month) (Day) (Year)

AGE 52 yrs. 8 mos. 8 ds. IF LESS than 1 day, ___ hrs. or ___ min.?

OCCUPATION (a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) _____

BIRTHPLACE (City or town, State or foreign country) Macon Tenn.

PARENTS	NAME OF FATHER <u>Unknown</u>
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Tenn.</u>
	MAIDEN NAME OF MOTHER <u>Unknown</u>
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Unknown</u>

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) George Dalton
(ADDRESS) Walden

Filed 5/16 1910 W. F. Meek REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 14, 1910
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from April 9, 1910, to May 13, 1910, that I last saw him alive on May 13, 1910, and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:
Epidemic Cerebrospinal meningitis
18 (Duration) yrs. 19 mos. 19 ds.

Contributory (SECONDARY) _____ (Duration) yrs. _____ mos. _____ ds.
(Signed) George Dalton M. D.
May 14, 1910 (Address) Walden

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.
Where was disease contracted if not at place of death? _____
Former or usual residence _____

PLACE OF BURIAL OR REMOVAL <u>Stanfield Cemetery</u>	DATE OF BURIAL <u>5-15, 1910</u>
UNDERTAKER <u>W. J. Craig</u>	ADDRESS <u>Walden Mo</u>

