

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

Do not use this space.

MAR 23 1927

1. PLACE OF DEATH

County Callaway Registration District No. 104 File No. 4123
 Township Freeport Mo Primary Registration District No. 3008 Registered No. 24
 City Freeport Mo (No.) St. Ward

2. FULL NAME

Bert. Meachum
 (a) Residence. No. Laclade, Carenty St., Ward.
 (Usual place of) (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** Black **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** (write the word) W
6. DATE OF BIRTH (MONTH, DAY AND YEAR)
 AGE 37 YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
7. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wife

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work None
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) MO
 (STATE OR COUNTRY) MO
10. NAME OF FATHER MO
11. BIRTHPLACE OF FATHER (CITY OR TOWN) MO
 (STATE OR COUNTRY) MO
12. MAIDEN NAME OF MOTHER MO
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) MO
 (STATE OR COUNTRY) MO

14. INFORMANT State Hosp. 701. Freeport
 (Address) Freeport Mo

15. FILED 2/6 1927 R. N. Crews
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 6/27
17. I HEREBY CERTIFY, That I attended deceased from Jan 27, 1927, to July 6/27, 1927, that I last saw him alive on July 5/27, 1927, and that death occurred on the date stated above, at 12:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis
31 (duration) yrs. mos. ds.
 CONTRIBUTORY Mental deficiency
 (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Port Kuba
 IF NOT AT PLACE OF DEATH:

19. DID AN OPERATION PRECEDE DEATH? NO DATE OF
20. WAS THERE AN AUTOPSY? NO
 WHAT TEST CONFIRMED DIAGNOSIS? Clinical Lab.

(Signed) MO Chigob, M. D.
 (Address) July 6/27, Freeport Mo.
 State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Columbia Mo DATE OF BURIAL OK 1927

20. UNDERTAKER Thurmond Taylor ADDRESS Fulton 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.

