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

Do not use this space.

8258

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City (No. 1312 Gillham Rd. St. Ward)
Registration District No. 399
Primary Registration District No. 1902
File No. 1112
Registered No.

2. FULL NAME Mrs Celia Enza Meredith
(a) Residence. No. 1312 Gillham Rd. St., 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 F
4. COLOR OR RACE wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Creighton P. Meredith

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 4, 1881

7. AGE Years 46 Months 2 Days 11 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER Jos. M. Wilkerson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Gertrude Harrison
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Va.

14. INFORMANT Creighton P. Meredith
(Address) 1312 Gillham Rd.

15. FILED 3/16, 1927 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-15 1927

17. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1927, to 3-15, 1927 that I last saw her alive on 3-15, 1927, and that death occurred, on the date stated above, at 4 30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Acute respiratory failure

31 23 P

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Pul Tb old

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? unknown
0 DID AN OPERATION PRECEDE DEATH? no. DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Examination
(Signed) George V Feist, M. D
3-16, 1927 (Address) 1844 Lathrop

*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 Humansville, Mo
DATE OF BURIAL Mch 17 1927

20. UNDERTAKER D. H. Newcomer's Sons
ADDRESS K. C., 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.

...NEN, WITH UNFADING INK—THIS IS A PERMANENT RECORD