

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

Do not use this space.

11354

1. PLACE OF DEATH

County Linn
Township Cotton Hill
City Malden (No. _____)

Registration District No. 287
Primary Registration District No. 4173

File No. _____
Registered No. 20
St. _____ Ward _____

2. FULL NAME John B Meharg

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE Fredrika Meharg

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 3-1897

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
30 29 4 19

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Pector
(STATE OR COUNTRY) Clay Co. Ark.

10. NAME OF FATHER Wm Meharg

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Nashville
(STATE OR COUNTRY) Tenn

12. MAIDEN NAME OF MOTHER Bell Nixhen

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Pector
(STATE OR COUNTRY) Ark

14. INFORMANT Mrs Wm Meharg
(Address) Malden Mo.

15. FILED 4/23, 1927 SE Mitchell
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-22 1927

17. I HEREBY CERTIFY, That I attended deceased from April 3, 1927, to April 22, 1927, that I last saw him alive on April 22, 1927, and that death occurred, on the date stated above, at 12:20 PM.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis

CONTRIBUTORY (SECONDARY) 31 (duration) 9 or 10 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH, I France (U.S. Army)

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. A. Shivers, M. D.
4/23, 1927 (Address) Malden 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 Malden Mo. DATE OF BURIAL 4-23 1927

20. UNDERTAKER W. L. Gray ADDRESS Malden

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.

MAY 26 1927

