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

Do not use this space.

21311

File No. 27-[illegible]
Registered No. [illegible]

1. PLACE OF DEATH
County: Jackson
Township: Twp
City: K.C. Mo (No. 3736 Monroe St. Ward)
Registration District No.
Primary Registration District No.

2. FULL NAME William Edward Meek
(a) Residence. No. 3736 Monroe St., 16 Ward.
(Usual place of abode) (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: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~: Ella Meek

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb 11 - 1858

7. AGE: Years 69 | Months 4 | Days 20 | If LESS than 1 day, ___ hrs. or ___ min.

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

9. BIRTHPLACE (CITY OR TOWN): Ill.
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER: Jesse Meek
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Unknown

14. INFORMANT: Forest G. Meek
(Address) 5126 Chestnut

15. FILED: 7-2, 1927 M M Crowe
Asst
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 1 1927

17. I HEREBY CERTIFY, That I attended deceased from June 9, 1927 to July 1, 1927, that I last saw him alive on July 1, 1927, and that death occurred, on the date stated above at 12 noon

THE CAUSE OF DEATH* WAS AS FOLLOWS:
82 Fl Apoplexy
27 Hypertension
(duration) yrs. mos. 22 ds.
CONTRIBUTORY (SECONDARY): Cerebral Sclerosis
(duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
0 DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) J. Henry George M. D.
7/2, 1927 (Address) 2418 Cleveland K.C. 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: Joplin Mo
DATE OF BURIAL: July 3 1927

20. UNDERTAKER: Rose & Co
ADDRESS: 1[illegible] Jackson

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.

[illegible] WITH SURGING INSURANCE IS A PERMANENT RECORD

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