

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

Do not use this space.

29618

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

File No. _____

Township _____

Primary Registration District No. 1001

Registered No. 1076

City St. Joseph,

(No. Central Police Station)

St. _____ Ward _____

2. FULL NAME

Frank Meek.

(a) Residence. No. 828 1/2 South 18th Street St. _____ Ward _____
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. 0 mos. 8 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)

Single

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

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

Oct. 14, 1922.

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

5

0

8

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

St. Joseph,

(STATE OR COUNTRY)

Missouri.

10. NAME OF FATHER

Alonzo Meek.

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

St. Joseph,

(STATE OR COUNTRY)

Missouri.

12. MAIDEN NAME OF MOTHER

Jessie Brown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

St. Joseph,

(STATE OR COUNTRY)

Missouri.

14.

INFORMANT

Mrs. Jessie Meek.

(Address)

828 1/2 South 18th Street.

15.

FILED

24 1927

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

Oct. 22, 1927

17.

viewed on

I HEREBY CERTIFY, That I attended deceased from Oct. 22, 1927, to _____, 19____, and that

that I last saw him _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Trauma from chest crushed by axle to truck wheels falling over back (accidental)

CONTRIBUTORY (SECONDARY)

accurred in city at 6 + Melbourne St

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No. DATE OF _____

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) Dr. W. Hays Coroner, M. D.

Oct. 24, 1927 (Address) St. Joseph 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

DATE OF BURIAL

Mount Olivet cemetery

Oct. 24, 1927.

20. UNDERTAKER

ADDRESS

H. O. Sidenfaden 1802 Union Str

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.

