WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

Do not use this space. 1020

1. PLACE OF DEATH
County: Jackson — Registration District No.: 399 — File No.: 10
Township: Kaw — Primary Registration District No.: 105 — Registered No.:
City: Kansas City — No.: 3823 Garfield St. — Ward:

2. FULL NAME: Mary Elizabeth Meredith
(a) Residence. No. 3823 Garfield St., 13 Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 27 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: Edwin Franklin Meredith

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct. 6, 1860

7. AGE: Years 67 — Months 2 — Days 29 — 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): Valley Falls
(STATE OR COUNTRY): Kansas

PARENTS
10. NAME OF FATHER: Elihu Copping
11. BIRTHPLACE OF FATHER (CITY OR TOWN):
(STATE OR COUNTRY): Penn.
12. MAIDEN NAME OF MOTHER: Sarah E. Dillin
13. BIRTHPLACE OF MOTHER (CITY OR TOWN):
(STATE OR COUNTRY): Penn.

14. INFORMANT: Edwin Franklin Meredith
(Address): 3823 Garfield.

15. Filed Jan 5, 1928 M. M. Crane Registrar
Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan. 5 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov 20, 1927, to Jan 5, 1928, that I last saw her alive on Jan 4, 1928, and that death occurred, on the date stated above, at 5:10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Mitral stenosis
50
Fainting spells yrs. 2 mos. ds.
CONTRIBUTORY (SECONDARY): Carcinoma of left breast
Nephritis - as above yrs. 2 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? ✓
DID AN OPERATION PRECEDE DEATH? No DATE OF ✓
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? ✓
(Signed) J. M. McCaustland M. D.
Jan 5, 1928 (Address) 9800 Brookside

*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: Memorial Park — DATE OF BURIAL: Jan 7 1928
20. UNDERTAKER: D A Newcomer's — ADDRESS: Kans. City, Mo.

3850 Brooklyn
Wab 2676.1
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