

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

AUG 21 1928

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

Do not use this space.

23039

1. PLACE OF DEATH

County Buchanan Registration District No. 85  
Township ..... Primary Registration District No. 1001  
City St. Joseph, Mo. No. Missouri Methodist St. .... Ward)

File No. ....  
Registered No. 844  
St. .... Ward)

2. FULL NAME

Elizabeth Meredith  
(a) Residence. No. 2800 Eugene Field Ave. ..... Ward. ....  
(Usual place of abode) (If nonresident give city or town and State)  
Length of residence in city or town where death occurred 9 yrs. 0 mos. 0 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) October 16 1918

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.  
9 | 8 | 23

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

9. BIRTHPLACE (CITY OR TOWN) St. Joseph, Missouri  
(STATE OR COUNTRY)

10. NAME OF FATHER H. E. Meredith

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Hannibal, Missouri  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Bridget Cole

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Joseph, Missouri  
(STATE OR COUNTRY)

14. INFORMANT H. E. Meredith  
(Address) 2800 Eugene Field Ave.

15. JUL 10 1928 FIED. 10 1928 John G. ... REGISTRAR

3

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 9, 1928

17. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to July 9 19.....  
that I last saw h. .... alive on July 9, 19....., and that death occurred, on the date stated above, at 11:45 a. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:  
General Peritonitis  
121A  
129 1170  
(duration) yrs. mos. 7 ds.

CONTRIBUTORY (SECONDARY) Pup gang abscess?  
(duration) yrs. mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH: 2800 Eugene Field

1 DID AN OPERATION PRECEDE DEATH? yes DATE OF July 1

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clin.  
(Signed) Frank Buchanan, M. D.  
July 10, 1928 (Address) Empire 1345

\*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 Mt. Auburn DATE OF BURIAL July 11 1928

20. UNDERTAKER Sheehan Funeral Home ADDRESS 1208 Francis

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.

