

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.

1. PLACE OF DEATH Pike
 County.....Carter..... Registration District No. 68A
 Township.....Carter..... Primary Registration District No. 5912
 City.....(No.....)..... St..... Ward.....
 File No. 24736
 Registered No. 25

2. FULL NAME Nathan Meroney
 (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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. COLOR OR RACE White | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widower
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF X X
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) May - 23 - 1887
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 | 2 | 7
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Farmer
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer
 9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana
 10. NAME OF FATHER Don't know
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know
 12. MAIDEN NAME OF MOTHER Don't know
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know
 14. INFORMANT Chas. Harris
 (Address) Bowling Green
 15. FILED 8/10 28 Wm. J. Sumner REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7/30 1928
 17. I HEREBY CERTIFY, That I attended deceased from Jan 1924, to July 30 1928.
 that I last saw him alive on July 27 1928, and that death occurred, on the date stated above, at 2 a. m.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer of Bowels
1 1/2 yrs or two
 CONTRIBUTORY (SECONDARY) _____ (duration) yrs. mos. ds.
 18. WHERE WAS DISEASE CONTRAIGNED 45
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS? Cholesterol
 (Signed) J. H. McPheerson, M. D.
 , 19 (Address) Bowling Green 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 Bethany cemetery DATE OF BURIAL July 31 1928
 20. UNDERTAKER H. B. Moore ADDRESS Bowling Green

