

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

Do not use this space.

32905

1. PLACE OF DEATH  
 County, Callaway Registration District No. 104 File No. \_\_\_\_\_  
 Township, \_\_\_\_\_ Primary Registration District No. 3008 Registered No. 199  
 City, Fullerton (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 2. FULL NAME Meredith Williams Mexico  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred 15 yrs. 15 mos. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1909  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
19 \_\_\_\_\_ \_\_\_\_\_  
 8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work None  
 (b) General nature of industry, business, or establishment in which employed (or employer) None  
 (c) Name of employer \_\_\_\_\_  
 9. BIRTHPLACE (CITY OR TOWN) Don't know (STATE OR COUNTRY)  
 10. NAME OF FATHER Unknown  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)  
 12. MAIDEN NAME OF MOTHER Unknown  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)  
 14. INFORMANT Medical Certificate (Address)  
 15. Nov 3, 1928 R. N. Crew REGISTRAR

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 30 1928  
 17. I HEREBY CERTIFY, That I attended deceased from Oct 15 to Oct 28, 1928, and that I last saw him alive on Oct 28, 1928, and that death occurred, on the date stated above, at 8:10 a.m.  
 THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
83 General Paralysis of Insane  
of Insane  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.  
17 1/2  
 CONTRIBUTORY (SECONDARY) Syphilis  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.  
 18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH: Unknown  
 19. DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? No  
 WHAT TEST CONFIRMED DIAGNOSIS? Lab. & clinical  
 (Signed) \_\_\_\_\_, M.D.  
 \_\_\_\_\_, 19 \_\_\_\_\_ (Address) State Hospital I  
 \*State the DISEASE CAUSING DEATH or in death from VIOLENCE CAUSED BY (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SPECIFIC, or HOMICIDAL.  
 19. PLACE OF BURIAL, CREMATION, OR REMOVAL Columbia Mo DATE OF BURIAL Nov 5 1928  
 20. UNDERTAKER Oli Bell ADDRESS Fullerton, Mo

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.

