

FC 29 1928

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

Do not use this space.

34273

1. PLACE OF DEATH
 County Wagon Registration District No. 598
 Township Murcan Primary Registration District No. 4000
Ne Versailles (No. 5792) St. _____ Ward _____

2. FULL NAME John W. Mecke
 (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 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah J. Roush
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 22nd 1861
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 | 1 | 16
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Farmer 12
 (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) Kentucky
 10. NAME OF FATHER John W. Mecke
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
 12. MAIDEN NAME OF MOTHER Mary Martin
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
 14. INFORMANT Mr Fred Mecke
 (Address) Versaille Mo
 15. FILED 10/9, 1928 M.N. Lutman REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 8th 1928
 17. HEREBY CERTIFY That I attended deceased from Oct 1, 1928, to Oct 8, 1928 (that I last saw ~~him~~ her alive on Oct 6, 1928, and that death occurred, on the date stated above, at 1:10 A.M.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
carcinosis of liver
122 B1 (duration) 2 yrs. 0 mos. 0 da.
 CONTRIBUTORY (SECONDARY) Abdominal ascites
 (duration) 6 yrs. 0 mos. 0 da.
 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? clinical
 (Signed) A J Guen M. D.
 (Address) Versaille 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
Hope Hill Cemetery Oct 9, 1928
 20. UNDERTAKER ADDRESS
Kedwell's Versailles 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.

