

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

Do not use this space.

6387

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Township Rau Primary Registration District No. 1002
 City Kansas City Mo (No. Green Hill)
 St. _____ Ward _____
 2. FULL NAME William Frank Meadow
 (a) Residence, No. Junction City Kans 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 Clara Meadow
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 14 - 1883
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ____ hrs. or ____ min.
45 | 3 | 18
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Merchant
 (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) Texas
 10. NAME OF FATHER Francis M. Meadow
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Ky
 12. MAIDEN NAME OF MOTHER not known
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Tex

14. INFORMANT Mrs. Clara Meadow
 (Address) Junction City Kans

15. FILE NO. 3-29 M. M. covered REGISTRAR Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 2 - 1929
 I HEREBY CERTIFY That I attended deceased from Jan 7 1929 to Feb 2 1929
 that I last saw him alive on Feb 2 1929, and that death occurred, on the date stated above, at 11 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Toxemia (duration) 1278 yrs. mos. da. 693
 CONTRIBUTOR Empyema of the bladder (duration) 27 yrs. mos. da. 30

18. WHERE WAS DISEASE CONTRACTED
 NOT AT PLACE OF DEATH... Junction City, Mo
 DID AN OPERATION PRECEDE DEATH... yes DATE OF... June 10 - 1924
 WAS THERE AN AUTOPSY... no

WHAT TEST CONFIRMED DIAGNOSIS... Empyema of the bladder
 (Signed) Dr. Elmer J. Miller, M. D.
 1929 (Address) 601 Locust St. Kansas City, 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 Junction City Kans DATE OF BURIAL Feb 3 - 1929

20. UNDERTAKER John G. Wagner 1409 Grand Ave

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.

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WHILE IN PRINT, WITH CHANGING MATERIALS IS A PERMANENT RECORD

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