

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

Do not use this space.

43141

1. PLACE OF DEATH

County Shannon
Township Burch Tree
City (No.)

Registration District No. 822
Primary Registration District No. 6071

File No.
Registered No. 14
St. Ward)

2. FULL NAME

Charles Burleigh Meredith

(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 88 6 6

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 88 6 6

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Farming (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) Pennsylvania

10. NAME OF FATHER John W Meredith

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Marya A. Wiley

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) unknown

14. INFORMANT Mrs W. J. Marshall (Address) Burch Tree Mo

15. FILED 19 R. J. Davis REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 11 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 11 1929 to Dec 11 1929 that I last saw him alive on Dec 10 1929 and that death occurred, on the date stated above, at 6:10 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Injury from train
20/10
162 (duration) yrs. mos. 7 ds.

CONTRIBUTORY Age (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? DATE OF WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS (Signed) R. J. Davis M. D. (Address) Burch Tree 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 Oak Forest Cemetery DATE OF BURIAL 12/15 1929

20. UNDERTAKER John Duncan ADDRESS Mt View Mo

WHITE PLAINCY, WITH UNREADING INK--THIS IS A PERMANENT RECORD

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 very important.

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2
31

1882
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