

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

5000

1. PLACE OF DEATH

County Jackson
 Township Tan
 City Kansas City

Registration District No. 399
 Primary Registration District No. 1700

File No. _____
 Registered No. 11717
 St. _____ Ward _____

2. FULL NAME

Mildred I Meek

(a) Residence No. 1700 Express St. 12 Ward _____
 (Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE wh 5. SINGLE; MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 10, 1904

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
25 5 1

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at home
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) St. Joseph
 (STATE OR COUNTRY) Mo.

10. NAME OF FATHER E. J. Meek

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

12. MAIDEN NAME OF MOTHER Miss Nichols

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

14. INFORMANT Mr E. J. Meek
 (Address) 1700 Express

15. FILED 7/17 1930 M. M. Groves REGISTRAR
Ans

1 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 11 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan. 30, 1930, to Feb. 11, 1930 that I last saw h. or a. alive on Feb. 11, 1930, and that death occurred, on the date stated above, at 5:42 PM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

pernicious anemia
TIA

(duration) 9 yrs. — mos. — ds.

CONTRIBUTORY pernicious anemia (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? autopsy
 (Signed) Albert S. Welch, M. D.

7/17 1930 (Address) Kc 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 Mt Mounah DATE OF BURIAL Feb 13 1930

20. UNDERTAKER D. H. Neuroconic ADDRESS 16 Mo

Handwritten signature or initials inside an oval.

Handwritten lines or scribbles.