

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

Do not use this space.

22867  
2859

1. PLACE OF DEATH Jackson  
 County Kaw Registration District No. 399  
 Township Kaw Primary Registration District No. 1002  
 City Kansas City (No. 6146 Rock Hill Road St. \_\_\_\_\_ Ward \_\_\_\_\_)

2. FULL NAME MEATH, Lou Elizabeth  
 (a) Residence No. 6146 Rock Hill St. 8 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

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

5A. IS MARRIED, WIDOWED, OR DIVORCED  
~~WIDOWED~~  
 (OR) WIFE OF Thomas F Meath

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 14 1866

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
64 4 27

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House-wife  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) New York  
 (STATE OR COUNTRY)

PARENTS  
 10. NAME OF FATHER George M Platner  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) New York  
 (STATE OR COUNTRY)  
 12. MAIDEN NAME OF MOTHER Lois Shelland  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) New York  
 (STATE OR COUNTRY)

14. INFORMANT Lois Meath (Daughter)  
 (Address) 6146 Rock Hill Road, K.C. Mo.

15. FILED 7/12 1930 M.M. Crowl REGISTRAR  
Asst.

**MEDICAL CERTIFICATE OF DEATH**

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

17. I HEREBY CERTIFY, That I attended deceased from July 10 1930 to July 11 1930  
 that I last saw her alive on July 11 1930 and that death occurred, on the date stated above, at 10:30 pm m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Lobar Pneumonia  
108  
102 (duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_  
 DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no  
 WHAT TEST CONFIRMED DIAGNOSIS? clinical findings  
 (Signed) J.J. Michalek M. D.  
7-12-1930 (Address) Humbolt Kans

\*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.

EXCEPT BY SPECIAL PERMISSION OR REMOVAL DATE OF BURIAL  
HUMBOLT, KANSAS 7/14/30  
 20. UNDERTAKER ADDRESS  
Mellody McGilley Funeral Home K.C. 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.

