

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

Do not use this space. 6

30200

**1. PLACE OF DEATH**

County Jackson  
Township Raw  
City Jackson City (No. 512 East 26 St.)

Registration District No. 399  
Primary Registration District No. 1002

File No. \_\_\_\_\_  
Registered No. 6070  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Clarence Edwin Meek  
(a) Residence No. 512 East 26 St. St. 3 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 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 Mrs Lillie Meek

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 7 - 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or mls.  
53 1 23

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Marble setter  
(b) General nature of industry, business, or establishment in which employed (or employer) Brick layers  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Bellaire Ohio  
(STATE OR COUNTRY)

10. NAME OF FATHER Henry Harrison Meek  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ohio  
(STATE OR COUNTRY)  
12. MAIDEN NAME OF MOTHER May Martha Borch  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ohio  
(STATE OR COUNTRY)

14. INFORMANT Mrs Lillie Meek  
(Address) 512 E 26

15. FILED 10/7 1930 M. M. Crowe  
REGISTRAR  
Acas

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Tuesday Sept. 30 - 1930

17. I HEREBY CERTIFY That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ 4 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Pericarditis

903  
81  
(duration) yrs. mos. ds.

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

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

0 DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy  
9/30/1930 (Signed) Stanley M. Hance, M. D.

(Address) Deputy Coroner

\*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 Elmwood DATE OF BURIAL Oct 4 1930

20. UNDERTAKER Eyles Funeral Home ADDRESS 1800 Elmwood

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.

