

NOV 25 1930

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis Registration District No. 411 File No. 33312
Township W Primary Registration District No. 20 Registered No. _____
City St. Louis No. 839 (If nonresident, give city or town and State) _____ Ward) _____

2. FULL NAME

Dr. Melvin Meadows
(a) Residence. No. _____ St. _____ 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) _____

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 17 - 1925

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
last 5 10

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

9. BIRTHPLACE (CITY OR TOWN) Easter Springs, Kan.
(STATE OR COUNTRY) _____

10. NAME OF FATHER Oscar Meadows

11. BIRTHPLACE OF FATHER (CITY OR TOWN) no
(STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER Elizabeth Yeoman

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

14. INFORMANT Oscar Meadows
(Address) St. Louis Mo

15. FILED 10729 1930 J. T. Jensen REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 27 1930

17. I HEREBY CERTIFY, That I attended deceased from 10-27-30 to 10-27-30, 1930, and that I last saw him alive on 10-27-30, 1930 and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

died without medical attention. General debility
10 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 2 days
(duration) yrs. mos. ds.

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

8 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? Albert Chervodt
(Address) St. Louis 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 Sarcox Mo DATE OF BURIAL 10-28 1930

20. UNDERTAKER Wulbert and Co ADDRESS St. Louis 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.

