

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

Do not use this space.

4577

1. PLACE OF DEATH

County Boone
Township Columbia
City Columbia (No. St. Ward)

Registration District No. 73
Primary Registration District No. 3006

File No.
Registered No. 83

2. FULL NAME

Mrs. Julia Ann Meredith
(a) Residence. No. 1573 Windsor Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city of 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 Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. W. Meredith

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 15 1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 9 28

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housekeeping
(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) near Columbia, Boone Co. Mo.

10. NAME OF FATHER W. C. Victor

11. BIRTHPLACE OF FATHER (CITY OR TOWN, STATE OR COUNTRY) Waverly, Ky.

12. MAIDEN NAME OF MOTHER Fannie Sull

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

14. INFORMANT Mrs. L. L. Hart
(Address) Commerce Mo.

15. FILED 2/13/31 F. C. Suggett
REGISTRAR
by Selby

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 13 1931

17. I HEREBY CERTIFY, That I attended deceased from 19..... to 19....., and that I last saw him alive on 19....., and that death occurred, on the date stated above, at 1:45 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis.

CONTRIBUTORY (SECONDARY) 930 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRASTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) Robert H. Swanson, M. D.

2/3, 1931 (Address) Columbia, 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 DATE OF BURIAL
Oliver Cemetery Feb 14 1931

20. UNDERTAKER ADDRESS
B. B. Baker Columbia

WHITE PLAIN, WITH UNFADING 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 is very important.

MAR 23 1931

