WRITE PLAINLY, 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.

MAY 25 1931

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

Do not use this space.

14530

1. PLACE OF DEATH

County Jackson — Registration District No. 403 — File No. 6

Township 4 Brooking — Primary Registration District No. 5557 — Registered No.

City Kansas City (No. 83 Topping St. Ward)

2. FULL NAME Peter Meng

(a) Residence. No. 83 Topping Av. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 60 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: Wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feby 10-1843

7. AGE: YEARS 88 — MONTHS 2 — DAYS 19 — If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer 106B
(b) General nature of industry, business, or establishment in which employed (or employer): Self 162
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Switzerland 26

PARENTS
10. NAME OF FATHER: Jno Meng
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Switzerland
12. MAIDEN NAME OF MOTHER: no Record
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): " "

14. INFORMANT: Emma Talley
(Address) Hickman Mills, Mo.

15. FILED 4-30, 1931 — W. W. Stables, M.D. REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Apr 29 1931

17. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1930, to April 29, 1931, that I last saw him alive on April 15, 1931, and that death occurred, on the date stated above, at 9-30 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Chronic Bronchitis

106B

(duration) yrs. 4 mos. 14 ds.

CONTRIBUTORY (SECONDARY): Senility

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: Place of Death
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) R C Ragan, M. D.
4-30-1931 (Address) 1526 Broadway

*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: Palestine Cemetery ~~Swanson Co.~~ K.C. Mo. — DATE OF BURIAL: 5-1-1931

20. UNDERTAKER: Mrs. C. L. Forster — ADDRESS: K. C. Mo.

15 F. Broadway Ja - 0433
503 W. 74th 0434