

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

Do not use this space.

33457

PLACE OF DEATH

County North
Township Allen
City Whitford Junior Meredith

Registration District No. 905
Primary Registration District No. 6216

File No.
Registered No.
St. Ward)

2. FULL NAME

(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) S

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 9-26-1926

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
4 11 19

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None
(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) Council Bluffs, Iowa

10. NAME OF FATHER W.W. Meredith

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Beatrice Baldwin

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

14. INFORMANT (Address) P. Braun
Denver, Mo.

15. FILER (Address) Mrs. May Long
Denver, Mo. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 15 1931

17. I HEREBY CERTIFY, That I attended deceased from Sept 13, 1931, to Sept 15, 1931, that I last saw him alive on Sept 15, 1931, and that death occurred, on the date stated above at 1:00 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

suicidation

CONTRIBUTORY (SECONDARY) Bear Lodged in (duration) yrs. mos. ds. 1/2 hrs.
Bronchi (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: Not at place of death
DURING OPERATION BEFORE DEATH: Yes DATE OF Sept 13 1931

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Special Inspection
(Signed) Lewis H. Long, M. D.
, 19 (Address) Denver

*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
Wesley Chapel Sept 17 1931

20. UNDERTAKER ADDRESS
Broom Bros Denver Mo

K. 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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS AN EXHAUSTIVE RECORD

OCT 29 1931

