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

7201

APR 30 1932

1. PLACE OF DEATH
113 County Worth — Registration District No. 904
Township Union — Primary Registration District No. 6215
File No. ____
Registered No. ____
City ____ (No. ____ St. ____ Ward ____)

2. FULL NAME C. E. Mead

(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 6 yrs. ____ mos. ____ ds. How long in U.S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 1 - 1842

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
89	8	27	

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

9. BIRTHPLACE (CITY OR TOWN) England
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ?
(STATE OR COUNTRY) England.
12. MAIDEN NAME OF MOTHER Mary.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ?
(STATE OR COUNTRY) England.

14. INFORMANT Mrs Lonia Hall
(Address) Grant City, Mo.

15. FILED March 1 1932 Mrs Loreen Boyd
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-28 1932

17. I HEREBY CERTIFY, That I attended deceased from 2-25 1932, to 2-28 1932
that I last saw him alive on 2-26 1932 and that death occurred, on the date stated above, at ____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Stomach Carcinoma
IHA
Uremia IHA
(duration) ____ yrs. ____ mos. 2 ds.
CONTRIBUTORY (SECONDARY) Influenza
(duration) ____ yrs. ____ mos. 6 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? ✓ D
DID AN OPERATION PRECEDE DEATH? No DATE OF ✓
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Phys. Cal. Findings

(Signed) R. J. Vass, M. D
, 19 (Address) Grant City 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
Sheridan Cemetery	3/2 32
20. UNDERTAKER	ADDRESS
Long & Boyd, Sheridan	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.