

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

Do not use this space.

**1. PLACE OF DEATH**

88 County Randolph Registration District No. 735  
Township \_\_\_\_\_ Primary Registration District No. 24440  
City Remick (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 9719  
Registered No. 4

**2. FULL NAME**

Virginia Ellen Meals  
(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 Female 4. COLOR, OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Albert N. Meals  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 3<sup>rd</sup> 1845  
7. AGE YEARS 87 MONTHS 0 DAYS 19 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo 1

FATHER 13. NAME Henry Grimes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va 2

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 31

17. INFORMANT Murphy Meals (ADDRESS) mobily mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Meals cemetery DATE 3-24-32

19. UNDERTAKER Mattison (ADDRESS) mobily mo

20. FILED 3-24<sup>th</sup> 1932 G. J. Remick Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 22<sup>nd</sup> 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1931, to Mar 20, 1932  
I last saw h. or alive on Mar 20, 1932. Death is said to have occurred on the date stated above, at 5: a. m.

The principal cause of death and related causes of importance were as follows:  
Tuberculosis of Right Lung  
a Senility  
23A  
162  
23  
Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) W. B. Jerrill, M. D.  
(Address) Remick 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. APR 28 1932

