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 23 1932

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

Do not use this space.

12020

File No. 99

Registered No.

1. PLACE OF DEATH

26 County Mo. State Prison Registration District No. 213

3 Township Hospital Primary Registration District No. 3014

8 City Jefferson City (No. ..., ... St. ... Ward)

2. FULL NAME Alonzo Meddock

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 9, 1907

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
	24	5	17	

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

9. BIRTHPLACE (CITY OR TOWN) Joplin, Missouri.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) 31
(STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Mo. St. Prison Records
(Address)

15. FILED 4/30/1932 M. Bedford REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 26, 1932

17. I HEREBY CERTIFY, That I attended deceased from April 4, 1932, to April 26, 1932, that I last saw him alive on April 26, 1932 and that death occurred, on the date stated above, at 11:40 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Septisemia

MMA 15:8 100 (1)

(duration) yrs. mos. 22 ds.

CONTRIBUTORY (SECONDARY) Thrombo Phlebitis Veins of right leg.

(duration) yrs. mos. 22 ds.

Cellulitis left index finger

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

O DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) F. A. Rauch, M. D.

4-26-1932 (Address) Mo. State Prison Hosp.

*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
Prison Cemetery	Apr. 29, 1932
20. UNDERTAKER	**ADDRESS**
Heinrichs Undert. Co.	Jeff. City