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.

AUG 22 1932

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

Do not use this space.

21974

485

1. PLACE OF DEATH

County Buchanan — Registration District No. — File No.

Township — Primary Registration District No. 1001 — Registered No. 667

City St. Joseph. (No. 2323 Jule St. St. Ward)

2. FULL NAME Earl Dean Mead

(a) Residence, No. 2323 Jule St. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 4 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July, 2, 1888

7. AGE: YEARS 44 — MONTHS 0 — DAYS 7 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Garment Worker. 50
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Foreman, McDonald Shirt Factory.
10. Date deceased last worked at this occupation (month and year): July, 9, 1932
11. Total time (years) spent in this occupation: 25

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Burlington, Vermont 2

FATHER

13. NAME: Henry Mead
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Burlington, Vermont.

MOTHER

15. MAIDEN NAME: Georgiana Philbrook
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hadwick, Vermont.

17. INFORMANT (ADDRESS): Mrs. Marie Mead, 2323 Jule St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Clinton, Iowa. DATE July, 12, 1932

19. UNDERTAKER (ADDRESS): Walter Meierhoffer, 1302 Faraon St. St. Joseph, Mo.

20. FILED 7-16-32, 19 John R. Bender, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July, 9, 1932, 19

22. I HEREBY CERTIFY, That I attended deceased from July 9", 1932, to July 9", 1932
I last saw him alive on July 9", 1932. Death is said to have occurred on the date stated above, at 11.30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary embolism	7/9/32
93D	
94B 93D	

Other contributory causes of importance: Myocarditis — Unknown

Name of operation X None — Date of None

What test confirmed diagnosis? Clinical — Was there an autopsy? No

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? No
If so, specify No.
(Signed) Matthew H. Talty, M. D.
(Address) Corby Bldg. St. Joseph, Mo.