

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

Do not use this space.

28347

File No. _____
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

113 County North
Township Green
City Green City

Registration District No. 1057
Primary Registration District No. 6214

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

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

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

Georgial Meek

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

Apr. 25, 1865

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

67

3

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

Farmer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Jasper Co. Mo

10. NAME OF FATHER

Zachariah Meek

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Missouri

12. MAIDEN NAME OF MOTHER

Caroline Kaufman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Indiana

14. INFORMANT

(Address)

F. M. Meek
Grant City, Mo.

15. FILED

Sept 19, 1932 45 Dr Meek

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Aug. 13 1932

I HEREBY CERTIFY, That I attended deceased from June, 1932, to Aug. 13, 1932 that I last saw him alive on Aug. 12, 1932, and that death occurred, on the date stated above, at 1:30 9 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of right eye
+ nose

52 53 54 55 56 57 58 59 60 (duration) 2 yrs. 0 mos. 0 ds.

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, ✓

19. DID AN OPERATION PRECEDE DEATH? NO DATE OF

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

Physical findings
S. J. Meek, M. D.

, 19 1932 (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

Oxford, Mo

Aug. 14, 1932

20. UNDERTAKER

A. J. Poof & Co.

Parnell, 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.

SEP 27 1932

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