

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

Do not use this space.

29042

1. PLACE OF DEATH  
 40 County Brandy Registration District No. 327  
 1 Township Galt Primary Registration District No. 4194  
 1 City Galt (No. ....) St. .... Ward)  
 2. FULL NAME Rebecca M. Meeks  
 (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) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Geo. Meeks  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 22-1857  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
74 10 3  
 8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Housewife  
 (b) General nature of industry, business, or establishment in which employed (or employer) —  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W. Va. 2  
 10. NAME OF FATHER Jessie Parmer  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Va.  
 12. MAIDEN NAME OF MOTHER Martin  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Va.

14. INFORMANT Geo. T. Meeks  
 (Address) Galt Mo.  
 15. FILED 9-26 1932 H. C. Weston  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 26 1932  
 17. I HEREBY CERTIFY, That I attended deceased from Aug 20 1932 to Sept 26 1932 that I last saw her alive on Sept 24 1932, and that death occurred, on the date stated above, at 12:30 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Canceroma of Uterus

48 (duration) .... yrs. .... mos. .... ds.  
 CONTRIBUTORY (SECONDARY) 48 (duration) .... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH.....  
 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....  
 WAS THERE AN AUTOPSY?.....  
 WHAT TEST CONFIRMED DIAGNOSIS  
 (Signed) H. E. Powers, M. D.  
Sept 26, 1932 (Address) Galt 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  
9007 Cen. Galt Mo 9-28 1932  
 20. UNDERTAKER ADDRESS  
W. Baylis Son Galt Mo

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.

OCT 26 1932

①

