

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

Do not use this space.

32203

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kearney Primary Registration District No. 1002
 City K.C. Mo (No. Ten, Post) St. _____ Ward _____

File No. _____
 Registered No. 3228

2. FULL NAME

Dena Marie Meek
 (a) Residence, No. 2900 Oakview St. _____ Ward _____
 (Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 14, 1929

7. AGE YEARS MONTHS DAYS if LESS than 1 day, hrs. or min.
3 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
 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) K.C. Mo

13. NAME Wm E. Meek

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

15. MAIDEN NAME Alva Cowden

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

17. INFORMANT (ADDRESS) Alva Cowden 2900 Oakview

18. BURIAL, CREMATION, OR REMOVAL PLACE mt Memorial DATE Oct 5 '32

19. UNDERTAKER (ADDRESS) Rose J. Henderson 4139 E 15th

20. FILED 10/4 1932 3:37 pm Wm. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 2 1932

22. I HEREBY CERTIFY, That I attended deceased from Coroner, 1932, to _____, 1932

I last saw him alive on _____, 1932. Death is said

to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

Streptococcus Laryngitis Date of onset _____

105A/105

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? Culture & Laboratory Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1932

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) Wm. Brown, M. D.

(Address) Coroner

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.

WRITE PLAINLY, WITH OBTAINING THE

