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 24 1933

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

Do not use this space.

14328

1. PLACE OF DEATH

County St. Francis — Registration District No. 771 — File No.

Township — Primary Registration District No. 6017 — Registered No.

City (No. , St. Ward)

2. FULL NAME Elizabeth Ann Meeko

(a) Residence, No. 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. 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Widow of Jos Meeko

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 15, 1859

7. AGE: YEARS 73 — MONTHS 7 — DAYS 14 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Own work
10. Date deceased last worked at this occupation (month and year): Dont know
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hungary

FATHER

13. NAME: George Vargo
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hungary

MOTHER

15. MAIDEN NAME: Not known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hungary

17. INFORMANT (ADDRESS): Stephen Meeko

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Pilot Knob Catholic Cemetery DATE 5/1 1933

19. UNDERTAKER (ADDRESS): Acadia Valley Und Co. Rieke + Sparks Ironton Mo.

20. FILED 5-9 1933 J M Huffman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Apr 29 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr 19 1933, to Apr 29 1933.
I last saw her alive on Apr 19 1933 Death is said to have occurred on the date stated above, at 12:05 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	—
93D	—
93D	

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? none 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
(Signed) J H Martin, M. D.
(Address) Ironton, Mo.