

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

Do not use this space.

15596

1. PLACE OF DEATH

County Andrew Registration District No. 13

Township _____ Primary Registration District No. 4070

City Savannah No. St. Nicholas Hospital St. _____ Ward _____

File No. _____

Registered No. 27

2. FULL NAME William John Meredith

(a) Residence, No. _____ St. _____ Ward Smith Center Kans
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 2 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 Margaret Meredith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-17-1856

7. AGE YEARS 76 MONTHS 8 DAYS 17 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as splinner, sawyer, bookkeeper, etc. Minister

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Methodist Church

10. Date deceased last worked at this occupation (month and year) May 19 1933 11. Total time (years) spent in this occupation 39

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Wisconsin

13. NAME Adair C Meredith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Illinois

15. MAIDEN NAME Jane Trayer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown England

17. INFORMANT Frank M Meredith (ADDRESS) Smith Center, Kansas

18. BURIAL, CREMATION, OR REMOVAL PLACE Smith Center, Mo DATE May 28 1933

19. UNDERTAKER Frank A Brown (ADDRESS) Smith Center, Mo

20. FILED May 26 33 W J Cooper Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-24-1933

22. I HEREBY CERTIFY, That I attended deceased from 5-3-, 1933, to 5-24-, 1933

I last saw him alive on 5-24-, 1933. Death is said to have occurred on the date stated above, at 11 P.M.

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

Erysipelas face & neck following surgical repair of nose Date of onset 5-11-33

Other contributory causes of importance:

Name of operation Surgical repair nose Date of 5-21-33
What test confirmed diagnosis? Physian 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) Willard G. Stearns, M. D.

(Address) Savannah, 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.

252
MAY 20 1933

7
2
8

