

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

Do not use this space.

**1. PLACE OF DEATH**

105 County Sullivan  
5 Township  
2 City Milan (No. \_\_\_\_\_)

Registration District No. 852  
Primary Registration District No. 4518

File No. 25382  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

George Washington Meek  
(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 20 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 OF (OR) WIFE OF Mary Roseetta Meek

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 3, 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
72 3 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Broom Maker  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Blind  
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) Noble County, Mo.

13. NAME Nathan Meek

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

15. MAIDEN NAME Martha Jane Catlett

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

17. INFORMANT Mrs George W. Meek (ADDRESS) Milan, Mo.

18. BURIAL, CREMATION, OR REMOVAL Oakwood Cem. Milan DATE July 14, 1933

19. UNDERTAKER C. A. Schorle (ADDRESS) Milan, Mo.

20. FILED 7/15 1933 Mayne Colyer Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13, 1933

22. I HEREBY CERTIFY That I attended deceased from May 27, 1932 to July 13, 1933.  
I last saw him alive on July 9, 1933 Death is said to have occurred on the date stated above, at 5:45 a.m.  
The principal cause of death and related causes of importance were as follows:

Probably cancer of the bowels

Other contributory causes of importance: 466  
466

Name of operation none 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?  
If so, specify \_\_\_\_\_  
(Signed) R. L. Earnest, M. D.  
(Address) Milan, 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

AUG 26 1933

92 2 2

FEB 3 1944