

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

Do not use this space.

30094

OCT 20 1933
STATE OF MISSOURI
BUREAU OF VITAL STATISTICS
OCCUPATION IS VERY IMPORTANT.

1. PLACE OF DEATH
 County Washington Registration District No. 411 File No. _____
 Township Washington Primary Registration District No. 2002 Registered No. _____
 City Jefferson (No. _____) St. _____ Ward _____
 2. FULL NAME William Ray Meador
 (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 27-1932
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____hra. _____min.
11 26
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 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) Jefferson Mo
 13. NAME J. M. Meador
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____
 15. MAIDEN NAME Ruth Vance
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
 17. INFORMANT J. M. Meador
 (ADDRESS) _____
 18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE 9-25-33
 19. UNDERTAKER (ADDRESS) Ed D. Johnson
 20. FILED 8-26-1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 29, 1933
 22. I HEREBY CERTIFY that I attended deceased from Sept 27 1933 to Sept 29 1933
 I last saw him alive on Sept 27 Death is said to have occurred on the date stated above, at 7-15 PM.
 The principal cause of death and related causes of importance were as follows:
Enterocolitis Date of onset 8-23-33
 1178
 Other contributory causes of importance: _____
 (Name of operation) _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 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 _____
 Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) H. S. Wilkes, M. D.
 (Address) Jefferson Mo.

