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.

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

Do not use this space.

36731

JAN 3 1934

1. PLACE OF DEATH

County Jackson — Registration District No. 389 — File No.

Township Kaw — Primary Registration District No. 1002 — Registered No. 4651

City Kansas City (No. Research Hospital St. Ward)

2. FULL NAME Mrs Charlotte Meadows

(a) Residence, No. Carlton Hotel 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: James T. Meadows

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar. 26, 1861

7. AGE: YEARS 72 — MONTHS 8 — DAYS 0 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At home
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): Missouri

FATHER

13. NAME: William Lawrence Craig
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

MOTHER

15. MAIDEN NAME: Elizabeth Shewmaker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kantucky

17. INFORMANT (ADDRESS): C. R. Meadows, Berkshire Hotel

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE: Mt. Mora Cemetery St. Joseph, Mo DATE: Nov 28, 1933

19. UNDERTAKER (ADDRESS): Stine & McClure, 3235 Gillham Plaza

20. FILED: Nov 27, 1933 M. M. Crowe, Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 11/26/33, 19

22. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner, 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 1:30 p.m.

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

	Date of onset
Fracture of right femur	
Bronchopneumonia	14
1867	
1940	
1012	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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

Accident, suicide, or homicide: Accident Date of injury 11/20/33

Where did injury occur? Carlton Hotel, Kemo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury: Fell in home.

Nature of injury: See above

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [signature] M. D.

(Address) Kemo