

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.

16

38977

1. PLACE OF DEATH

County North
Township Green
City Grant City (No.)

Registration District No. 1007
Primary Registration District No. FD 6214

File No.
Registered No.
St. Ward

2. FULL NAME

Maebel Lee Meek

(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 <u>♀</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u> </u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 6 1912</u>		
7. AGE YEARS <u>21</u>	MONTHS <u>5</u>	DAYS <u>6</u>
If LESS than 1 day, ...hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Online Housework</u>
	10. Date deceased last worked at this occupation (month and year) <u> </u>
	11. Total time (years) spent in this occupation <u> </u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Grant City
Mo.

13. NAME Wm. B. Meek

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

15. MAIDEN NAME Emma B. A. Hume

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

17. INFORMANT (ADDRESS)
E. J. Meek
Grant City

18. BURIAL, CREMATION, OR REMOVAL
PLACE Griffith cem. DATE Nov. 20 1933

19. UNDERTAKER (ADDRESS)
Prugh & Sons

20. FILED Dec 10 1933 F. M. Meek
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov-18 33

22. I HEREBY CERTIFY, That I attended deceased from March 1932 to Nov-18 1933
I last saw her alive on Nov-18 1933. Death is said to have occurred on the date stated above, at 8:00 P.m.
The principal cause of death and related causes of importance were as follows:

Myocardial infarction of heart
92A

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis Physical findings 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) E. J. Meek M. D.
(Address) Grant City Mo.

