MAR 24 1934

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

Do not use this space.

1. PLACE OF DEATH
County Jefferson
Township Joachim
City (No. , St. Ward)

Registration District No. 421
Primary Registration District No. 5575

File No. 5439
Registered No. 20

2. FULL NAME Charlotte Meese
(a) Residence, No. Crystal City, Mo. 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 F.
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF John Meese
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 10 - 1844
7. AGE YEARS 89 MONTHS 2 DAYS 2 If LESS than 1 day, — hrs. or — min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
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) Sommersetshire England

FATHER
13. NAME Joe. Hancock
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sommersetshire England

MOTHER
15. MAIDEN NAME Jane Hill
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sommersetshire England

17. INFORMANT (ADDRESS) Alfred Meese Herculaneum, Mo.
18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Gamel Cem. Festus DATE Feb. 14 1934
19. UNDERTAKER (ADDRESS) Wm F Barnhart Crystal City Mo
20. FILED 2/13 1934 J E Ratledge Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2 - 12 1934
22. I HEREBY CERTIFY, That I attended deceased from Jan 16 1934 to Feb 12 1934
I last saw her alive on Feb 11 1934 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:

	Date of onset
Hypostatic Pneumonia	Feb 9/34
Other contributory causes of importance	
Chronic Myocarditis	Unknown

Name of operation Clinical Date of
What test confirmed diagnosis? 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 No

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J E Cummerford, M. D.
(Address) Crystal City 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.