

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.

APR 25 1934

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

Do not use this space.

11651

1. PLACE OF DEATH

County Sullivan Registration District No. 852  
Township Palk Primary Registration District No. 6120  
City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 0

2. FULL NAME Delila 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 Female 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 James W. Meek

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 23, 1858

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
75 2 9

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home on farm.  
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) Perry County, Ohio

MOTHER FATHER  
13. NAME Dont know Shannon

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

15. MAIDEN NAME Dont know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know Ohio

17. INFORMANT (ADDRESS) James W. Meek, Milan, Mo.

18. BURIAL, CREMATION, OR REMOVAL Heavy Cem. Reiger, Mo. DATE Mar. 4, 1934

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

20. FILED April 3, 1934 Cleo Hagan Registrar.

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 14, 1934, to March 2, 1934  
I last saw her alive on March 2, 1934. Death is said to have occurred on the date stated above, at 6:30 p. m.  
The principal cause of death and related causes of importance were as follows:

Bronchial pneumonia Date of onset Feb. 1934

Other contributory causes of importance:  
Began with influenza

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? clinical 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) J. S. Moutgomery, M. D.  
(Address) Milan Mo.

