

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

100M-11-24-33

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.

JUL 13 1934

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

Do not use this space.

1. PLACE OF DEATH

County Missouri Registration District No. 728
Township Waverly Primary Registration District No. 5461
City Hannibal (No. U. S. P. Home)

File No. 21538
Registered No. 1518
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. U. S. P. Home St. _____ Ward _____
(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	4. COLOR OR RACE	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) <u>1854</u>	
7. AGE	YEARS	MONTHS
<u>about 80</u>		
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.
<u>Homemaker</u>		
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)	11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION	
	<u>Columbia Mo</u>	

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.
	<u>Homemaker</u>	
MOTHER	15. MAIDEN NAME	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
		<u>Columbia Mo</u>

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
	<u>Columbia Mo</u>

MOTHER	13. NAME
	<u>No Record</u>

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

MOTHER	15. MAIDEN NAME

MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
	<u>Columbia Mo</u>

MOTHER	17. INFORMANT (ADDRESS)
	<u>John Franklin U. S. P. Home</u>

MOTHER	18. BURIAL, CREMATION, OR REMOVAL PLACE	DATE
	<u>Columbia Mo</u>	<u>June 5 1934</u>

MOTHER	19. UNDERTAKER (ADDRESS)
	<u>Geo. E. Roberts Hannibal Mo</u>

MOTHER	20. FILED
	<u>June 8 1934 Hannibal Mo</u>

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2 1934
22. I HEREBY CERTIFY That I attended deceased from May 1st 1934 to June 2 1934
I last saw h. alive on June 2 1934 Death is said to have occurred on the date stated above, at 2 P. M.

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

Myocarditis
Senility
Other contributory causes of importance: Senility

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 _____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____

(Signed) H. P. Meek, M. D.

(Address) Hannibal Mo

