

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

Do not use this space.

25103

1. PLACE OF DEATH

County Jasper Registration District No. 411 File No. 2092
 Township Jasper Primary Registration District No. 327 Registered No. 25103
 City Jasper (No. 327) (Ward)

2. FULL NAME

(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

2 MEDICAL CERTIFICATE OF DEATH

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 24, 1884</u>		
7. AGE	YEARS <u>49</u>	MONTHS <u>10</u>
	DAYS <u>4</u>	IF LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Wrecker</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Merchant</u>		
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) <u>Keokuk, Iowa</u>		
13. NAME <u>Robert Lewis Meador</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
15. MAIDEN NAME <u>Charlotte L. Sheppard</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Worcester, Massachusetts</u>		
17. INFORMANT (ADDRESS) <u>Robert Meador</u>		
18. BURIAL PLACE (ADDRESS) <u>St. John's Church</u>		
19. UNDERTAKER (ADDRESS) <u>W. J. Jones</u>		
20. FILED <u>7-16, 1924</u> Registrar.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15, 1924

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1924 to July 15, 1924
 I last saw him alive on July 10, 1924 Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
Uremic Poison
130
132 B
 Other contributory causes of importance: acute nephritis

Name of operation 6 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? no 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
 so, specify _____
 (Signed) L. G. Chenoweth, M. D.
 (Address) Jasper 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.

UNFADING INK—THIS IS A PERMANENT RECORD

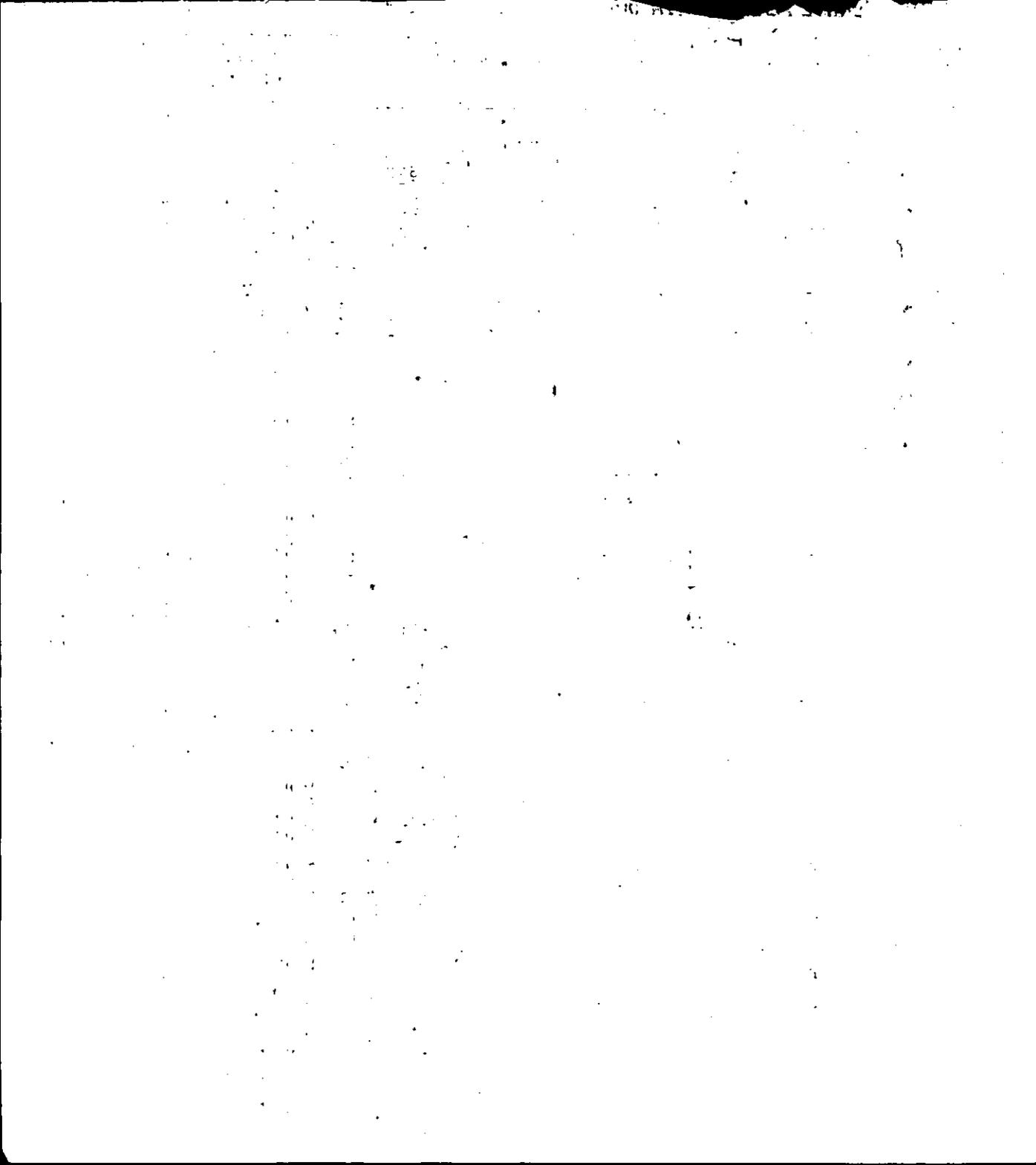
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*Jasper
Joplin*

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
WASHINGTON

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: J Calvin Meadows
Who died at _____ on July 15, 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex M Color or race W Single, married, widowed or divorced: _____
Date of birth _____ Age: Years _____ Months _____ Days _____

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

Date deceased last worked at this occupation: Month _____ Year _____
Birthplace (State or country) _____
Birthplace of father (State or country) _____
Birthplace of mother (State or country) _____
Principal cause of death: Uremia poisoning | 30

Other contributory causes of importance Acute nephritis - Unknown
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
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 _____
Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
Name of physician _____
Address of physician _____
Signature of Registrar Ed W. James Date filed 7-16-34

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 411

Primary Reg. Dist. No. 2002

Very truly yours,

E. T. McGaugh

Special Agent.

5-25103

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