

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

Do not use this space.

1. PLACE OF DEATH

County Stoddard
Township [redacted]
City Dexter (No. _____)

Registration District No. 838
Primary Registration District No. 4509

File No. 27964
Registered No. 103
St. _____ 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. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Infant</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 29, 1934</u>		
7. AGE	YEARS	MONTHS
		DAYS
		If LESS than 1 day, _____ hrs. or _____ min.
	<u>2</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	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) _____		

12. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) _____

FATHER 13. NAME Frank E. Mekan

FATHER 14. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo. (STATE OR COUNTRY) _____

MOTHER 15. MAIDEN NAME Margaret Duley

MOTHER 16. BIRTHPLACE (CITY OR TOWN) Iowa (STATE OR COUNTRY) _____

17. INFORMANT Frank E. Mekan (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL
PLACE Dexter Cem. DATE July 1, 1934

19. UNDERTAKER Wale Blankenship (ADDRESS) Dexter, Mo.

20. FILED 7-10, 1934 Oliver T. Norman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 1 - 1934
22. I HEREBY CERTIFY, That I attended deceased from June - 30, 1934 to July 1 - 1934
First saw him alive on July 1 - 1934 Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were, as follows:
Loose Bowels or Intussusception
12215
96
Date of onset June 30 - 1934
Other contributory causes of importance: Convulsions

Name of operation none 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 _____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____
(Signed) D. J. Cannon, M. D.
(Address) Dexter, Mo.

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.

JUL 13 1934

31

28



Handwritten signature or initials, possibly 'H. C.' or similar.

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