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.

OCT 19 1934

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

Do not use this space.

28752

1. PLACE OF DEATH
County: Pole
Registration District No.: 213
Primary Registration District No.: 3014
File No.:
Registered No.: 263
Township:
City: Jefferson City Mo (No. ..... St. ..... Ward)

2. FULL NAME: Robert Meachum (Meachum)
(a) Residence, No. 507 Lafayette 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: Male
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word):
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Docia Meachum
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 11-1877
7. AGE: Years 57 Months 6 Days 16 If LESS than 1 day, ...hrs. or ....min.

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.:
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): Pickland Mo.

FATHER
13. NAME: Samuel Meachum
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ~~Unknown~~

17. INFORMANT (ADDRESS): Docia Meachum
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Haw City Cemetary DATE: 8-30- 1934
19. UNDERTAKER (ADDRESS): L. D. Hartman, J. C. Mo.
20. FILED: 9/11/9, 1934 Dr Bernard Mo. Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug. 27 —, 1934
22. I HEREBY CERTIFY, That I attended deceased from June 4 —, 1934 to Aug. 27 —, 1934
I last saw him alive on Aug. 27, 1934 Death is said to have occurred on the date stated above, at 8:45 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of rectum	
4 yrs	
129	
162	
Other contributory causes of importance: Peritonitis + debility	8-20-34

Name of operation: no Date of: —
What test confirmed diagnosis? Pathology 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) R. S. Richardson, M. D.
(Address) Jefferson City Mo

JAN 25 1950