

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

Do not use this space.

1 2 1934

1. PLACE OF DEATH
 County Lafayette Registration District No. 454 File No. 33264
 Township Madison Primary Registration District No. 5620A Registered No. 9
 City (No. St. Ward)

2. FULL NAME Geo. Fletcher Meeks
 (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. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-3-1904

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>30</u>	<u>0</u>	<u>2</u>	

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Laborer

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 95

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poplar Arkansas

13. NAME Felix Z. Meeks 4

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

15. MAIDEN NAME Georgie Fletcher

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alma Mo

17. INFORMANT Felix Z Meeks
 (ADDRESS) 87 N. 91 Wayzata Minn

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Poplar Ark DATE 9/7 1934

19. UNDERTAKER W. H. Bremer
 (ADDRESS) Alma Mo

20. FILED 9/7 1934 Edith McClure
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/6-1934

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
 I last saw h..... alive on _____, 19____. 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:
Acute dilatation of Right auricle
Pericardial valve did not close
 Date of onset

Other contributory causes of importance:
Influenza

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? yes

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) Ch. Johnston (Coroner)
 (Address) Concordia

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.

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