

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

Do not use this space.

DEC 27 1934

38721

1. PLACE OF DEATH

County Camden
 Township Russell
 City..... (No....., Ward.....)

Registration District No. 120
 Primary Registration District No. 5-172

File No.....
 Registered No. 16
 St..... Ward.....

2. FULL NAME unnamed Meade

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 26th 1934

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

22. I HEREBY CERTIFY, That I attended deceased from....., 19....., to....., 19.....

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 22nd 1934

I last saw h..... alive on....., 19..... Death is said

7. AGE YEARS MONTHS DAYS If LESS than 1 day,.....hrs. or.....min. 4

to have occurred on the date stated above, at 1 A. m.

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

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
 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.....

unknown (Had no attending Physician) 2006

Other contributory causes of importance: 2006

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

FATHER 13. NAME James Thomas Meade

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

MOTHER 15. MAIDEN NAME Mina Lee Meade

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo

17. INFORMANT J.T. Meade (ADDRESS) Market Creek Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Parish Burial DATE 11-26-1934

19. UNDERTAKER D.A. Eidean acting (ADDRESS) Market Creek Mo

20. FILED 11-26-1934 D.V. Myers Registrar.

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 Local Registrar

(Signed) G.D. Myers, M. D.

(Address) Market Creek 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.

