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.

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

Do not use this space.

APR 26 1935

9097

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kan — Primary Registration District No. 1002 — Registered No. 1021
City K C (No. 31st & Woodland St. Ward)

2. FULL NAME Edgar C. Meats
(a) Residence, No. 3641 Michigan St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Ma
4. COLOR OR RACE: Wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 5/19/1862

7. AGE: YEARS 72 — MONTHS 9 — 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.: transit clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Western Weighing
10. Date deceased last worked at this occupation (month and year): 3/35
11. Total time (years) spent in this occupation: 18

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Clayton Ill.

FATHER
13. NAME: Wm. Meats
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England

MOTHER
15. MAIDEN NAME: Martha Williams
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky

17. INFORMANT (ADDRESS): Mrs. E. C. Meats, 3641 Michigan

18. BURIAL, CREMATION, OR REMOVAL
PLACE Atchison, Kan DATE 3/9 1935

19. UNDERTAKER (ADDRESS): Geo. H. Long Mortuary, K C K

20. FILED 3/8 1935 M. M. Crowe Asso
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3/7/35, 19

22. I HEREBY CERTIFY, that I attended deceased from Deputy Coroner, 19, to, 19
I last saw h alive on 7/45/19. 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:
Coronary sclerosis
Chronic fibrous myocarditis.
Date of onset

Other contributory causes of importance:
90 C M

Name of operation ..... Date of .....
What test confirmed diagnosis? Autopsy. 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?
If so, specify
(Signed) [signature], M. D.
(Address) [signature]