SEP 18 1935

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

Do not use this space.

25648

1. PLACE OF DEATH
County Buchanan, Registration District No. 85
Township Primary Registration District No. 1001
City St. Joseph, (No. 819 North 4th. St. Ward)

File No.
Registered No. 865

2. FULL NAME Rose Ann Meers,
(a) Residence, No. 819 North 4th. 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. 1 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed,

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 18, 1868

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
67	3	27	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeping,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home,
10. Date deceased last worked at this occupation (month and year) August 1935,
11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DeKalb, Missouri,

FATHER
13. NAME Jacob Blevins,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Virginia,

MOTHER
15. MAIDEN NAME Margaret Yeakley,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DeKalb, Missouri,

17. INFORMANT (ADDRESS) Mrs. Susie Layland 819 North 4th. St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Troy, Kansas, DATE Aug. 18 1935

19. UNDERTAKER (ADDRESS) Heaton - BeGole & Bowman 319 So. 10th. St. Phone Home

20. FILED AUG 17 1935 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 30, 1935, to Aug 15, 1935.
I last saw her alive on Aug 14, 1935. Death is said to have occurred on the date stated above, at 1:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Nephritis with Oedema	6 mo
Hypertension	?
Arteriosclerosis	?
Other contributory causes of importance:	
Cholecystitis chronic	4 mo

131

Name of operation 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? No
If so, specify
(Signed) Owen W. O'Craig, M. D.
(Address) 303 Kirkpatrick Bldg

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.