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.

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

Do not use this space.

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1. PLACE OF DEATH FEB 19 1936

County Cole — Registration District No. 213 — File No.

Township — Primary Registration District No. 3014 — Registered No. 1

City Jefferson (No. , St. Ward)

2. FULL NAME Jonathan B Meredith

(a) Residence, No. Booneville Road St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 19 1854

7. AGE — YEARS 81 — MONTHS 5 — DAYS 12 — 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) Kenosha Co. Wis.

FATHER

13. NAME unknown
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) Wayland Meredith Booneville Road City

18. ~~BURIAL, CREMATION, OR~~ REMOVAL
PLACE Joplin Mo. DATE Jan 4 1935

19. UNDERTAKER (ADDRESS) Buescher Funeral Home Jefferson City Mo.

20. FILED 1/3/1 1936 A V Beaford M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 3 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 24 1935, to Jan 3 1935

I last saw him alive on Jan 3 1935. Death is said to have occurred on the date stated above, at 1 20 m.

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

Uremia — Date of onset Jan 1 35

Other contributory causes of importance: Chronic Nephritis & Hypertension — 3 yrs

Name of operation — Date of —

What test confirmed diagnosis? Clinical 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) Jas H. Hill, M. D.

(Address) Jefferson City Mo