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.

APR 23 1936

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

Do not use this space.

10647

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kaw — Primary Registration District No. 1002 — Registered No. 1314
City Kansas City (No. Research Hospital St. Ward)

2. FULL NAME Fred J. Meredith Jr.
(a) Residence, No. 1638 Poplar Street St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 32 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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec, 30, 1903

7. AGE: YEARS 32 — MONTHS 2 — DAYS 9 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Secretary of the
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Indiana Carriage Co
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) Kansas City, Missouri

FATHER
13. NAME Fred Meredith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boonville Missouri

MOTHER
15. MAIDEN NAME Nattie GoodKnight
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sedalia Missouri

17. INFORMANT (ADDRESS) Mrs Jewell Meredith 1638 Poplar Street

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill DATE 3/11/36 19

19. UNDERTAKER (ADDRESS) Freeman Mortuary & Chapel Kansas City, Missouri

20. FILED Mch 11, 1936 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/9, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/7, 1936 to 3/9/36, 19
I last saw him alive on 3/9, 1936. Death is said to have occurred on the date stated above, at 6:55 P.
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset 3/3/36
100

Other contributory causes of importance:
Acute Bronchitis
Acute Laryngitis &
Pharyngitis

Name of operation none 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?
If so, specify
(Signed) D D [illegible], M. D.
(Address) 4800 E 24th St.