

AUG 24 1936

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

Do not use this space.

26583

## 1. PLACE OF DEATH

County JacksonRegistration District No. 1002

File No. \_\_\_\_\_

Township New

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

City K.C. Mo(No. 111 Mercy Hospital (253) Ward)2. FULL NAME Mildred Meadows(a) Residence, No. Myndatte, Okla. Ward. \_\_\_\_\_

(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

3. SEX ♀ 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept - 21 - 19207. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
15 9 228. 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) Oklahoma13. NAME John D. Meadows14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri15. MAIDEN NAME  Ruth Meadows16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri17. INFORMANT Mercy Hospital (ADDRESS) K.C. Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Myndatte, Okla. DATE July - 3119. UNDERTAKER Miss. E. L. Frazier (ADDRESS) 418 Broadway, Wash.20. FILED 7-13-36 M. M. Orwe, reg. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July - 13 - 3622. I HEREBY CERTIFY That, I attended deceased from Oct 1, 35 to July 13, 36, 1936I last saw her alive on July 13, 1936. Death is said to have occurred on the date stated above, at 10:00 am

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

Malignant Lymphoma -  
Epithelioma  
Metastatic tumor to spine Date of onset May 4, 35Other contributory causes of importance: Pylopharyngitis May 15, 1936Name of operation Biopsy Cervical gland Date of 7-12-36  
What test confirmed diagnosis? Subtotal Was there an autopsy? Yes23. 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) Navy R. Carr M. D.(Address) 806 Park Bldg K.C. 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.

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