

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.

OCT 21 1936

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

Do not use this space.

33800

1. PLACE OF DEATH

County Callaway Registration District No. 102
Township Jackson Primary Registration District No. 4062
City Auxvasse Mo. St. _____ Ward _____

File No. _____
Registered No. 384

2. FULL NAME Mary Beatrice Meadows

(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>X</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 29-1934</u>		
7. AGE	YEARS <u>1</u>	MONTHS <u>10</u>
	DAYS <u>8</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>X</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>X</u>	
	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) <u>Auxvasse, Mo.</u>		
FATHER	13. NAME <u>Lee Roy Meadows</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Auxvasse Mo</u>	
MOTHER	15. MAIDEN NAME <u>Opal Murry</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>McCredit Mo.</u>	
17. INFORMANT <u>Opal Meadows</u> (ADDRESS) <u>Auxvasse Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Pleasant Hill</u> DATE <u>9/7, 36.</u>		
19. UNDERTAKER <u>Hughes Maupin</u> (ADDRESS) <u>Auxvasse Mo.</u>		
20. FILED <u>9-8</u> 1936, <u>10, 25</u> <u>Michael</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 7, 36.

22. I HEREBY CERTIFY, That I recorded deceased from Sept 5 1936 to Sept 7 1936
I last saw her alive on Sept 3 1936. Death is said to have occurred on the date stated above, at 1, 00 p.m.
The principal cause of death and related causes of importance were as follows:
Spinal Meningitis
Date of onset _____

Other contributory causes of importance:
MB

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Mo

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? Mo
If so, specify _____
(Signed) L. B. Nichols M. D.
(Address) Auxvasse Mo



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1. PLACE OF DEATH

County Callaway
Township.....
City Arpasse (No....., St..... Ward)

Registration District No. 102
Primary Registration District No. 4062

File No.....
Registered No. 384

2. FULL NAME

Mary Beatrice Meadows
(a) Residence, No..... 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. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE negro 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)

7. AGE YEARS MONTHS DAYS If LESS than 1 day .. hrs. or 2 min.
1 10 8

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)

FATHER
13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED Sept 9 1936 B. Nichols Registrar.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 7 1936

I HEREBY CERTIFY, That I attended deceased from

I last saw h..... alive on....., 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:

Spinal meningitis Date of onset

not epidemic

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (accident, suicide, or homicide) fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?.....

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) C. B. Nichols M. D.

(Address) Arpasse mo

DUNSMUIR

MB

N. B.—Every item of information should be carefully applied. 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.

