

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

Do not use this space.

MAY 15 1937

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No. Lakeside Hosp.)

Registration District No. 399
Primary Registration District No. 1002

File No. 15074
Registered No. 15074
St. _____ Ward _____

2. FULL NAME Mrs. Mary M. Meek

(a) Residence, No. 414 W. 68th Terrace 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry H. Meek

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 1, 1854

7. AGE YEARS 82 MONTHS 8 DAYS 2 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

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) Ohio

13. NAME Nathan Borham

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

15. MAIDEN NAME Margaret Oliver

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

17. INFORMANT Mrs. George W. Burns (ADDRESS) 414 W. 68th Terr.

18. BURIAL, CREMATION, OR REMOVAL PLACE Elmwood DATE April 6, 1937

19. UNDERTAKER D. T. Newcomer's Sons (ADDRESS) _____

20. FILED Apr 4 1937 M. McNamee Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 31, 1937 to April 3, 1937
I last saw her alive on April 3, 1937. Death is said to have occurred on the date stated above, at 11:15 P.M.

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

Intestinal Obstruction Date of onset April 29
Emb. Thromb.

Other contributory causes of importance:

Chronic Myocarditis
Intestinal Refluxitis Chronic

Name of operation Laparotomy date April 3, 1937
What test confirmed diagnosis? Operation 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) L. J. Linsinger M. D.
(Address) 1020 Chambers 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.

Chambers Bldg.

1-24-18 -
1-31-1920