MAY 27 1937

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

Do not use this space.

16814

1. PLACE OF DEATH

County Lawrence — Registration District No. 470 — File No.

Township — Primary Registration District No. 5-633 — Registered No. 57

City Mt Vernon (No. State Sanatorium St. Ward)

2. FULL NAME Lillian Meade

(a) Residence, No. Corder Mo 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
fe	wh	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF L B Meade

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 2 1904

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
35	34	8	26	

OCCUPATION

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

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) Alma Mo

FATHER

13. NAME Martin W Schroeder

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

MOTHER

15. MAIDEN NAME Lena Rostagno

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

17. INFORMANT (ADDRESS) Pts Record State Sanitarium Mt Vernon Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Higginsville DATE Apr 28 1937

19. UNDERTAKER (ADDRESS) Fossett Furn Mt Vernon Mo.

20. FILED April 30 1937 P. A. Holmes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/28/37, 19

22. I HEREBY CERTIFY, That I attended deceased from 7/12/34, 19, to 4/28/37, 19

I last saw her alive on 4/28/37, 19 Death is said to have occurred on the date stated above, at 7 A m.

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

	Date of onset
Pulmonary Tuberculoses	1932

23

Other contributory causes of importance: anaxemia?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

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) Chester J Mellies, M. D.

(Address) Mt Vernon

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.