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

Do not use this space.

JUL 26 1937

File No. 23183
Registered No. 668

1. PLACE OF DEATH
County Buchanan — Registration District No. 8
Township — Primary Registration District No. 3002
City St. Joseph. (No. 212 Ohio St. Ward)

2. FULL NAME Josephine Meade.
(a) Residence, No. 212 Ohio St. St., 7 9 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 74 yrs. 7 mos. 16 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)
Female	White	Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF William T. Meade.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 22, 1862.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
33	74	7	16	

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) 1930
11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph, Mo.

FATHER
13. NAME Samuel Cross
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unk. England.

MOTHER
15. MAIDEN NAME Mary Mathews
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unk. Illinois.

17. INFORMANT (ADDRESS) D. T. Shelton. 212 Ohio St. St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bethel Cemetery DATE June 9, 1937

19. UNDERTAKER (ADDRESS) Fred D. Clark 3025 King Hill Av. St. Joseph, Mo.

20. FILED 6/9 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 2, 1937, to June 8, 1937
I last saw her alive on June 7, 1937. Death is said to have occurred on the date stated above, at 12:45 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1935

Other contributory causes of importance:
Chronic endocarditis
Senility

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? No
If so, specify
(Signed) O. A. Grant, M. D.
(Address) 6207 King Hill Ave St. Joseph, 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.