

AUG 19 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County Cape Girardeau Registration District No. 125  
Township 11 Primary Registration District No. 3009 File No. 26875  
City St. Charles (No. 125) Registered No. 225 St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

Mary Ruth Meadows  
(a) Residence, No. 1443 N Spaulding St. 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

## MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) \_\_\_\_\_

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20 - 1937

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

22. I HEREBY CERTIFY That I attended deceased from July 18 1937 to July 20 1937

I last saw her alive on July 20 1937 Death is said to have occurred on the date stated above, at 6:30 p.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 4 - 1937

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
— 4 16

Colitis, Acute, Catarrhal 7-15-37  
Date of onset

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 \_\_\_\_\_

Other contributory causes of importance: None

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau Mo13. NAME Ray MeadowsName of operation None Date of \_\_\_\_\_14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis MoWhat test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No15. MAIDEN NAME Angel Wilson

23. If death was due to external causes (violence), fill in also the following:

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

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

17. INFORMANT Ray Meadows

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

18. BURIAL, CREMATION, OR REMOVAL

Specify whether injury occurred in industry, in home, or in public place.

PLACE St. Charles DATE July 22 1937

Manner of injury \_\_\_\_\_

19. UNDERTAKER James WhiteNature of injury 120. FILED 7-20-1937 J. M. Thompson Registrar.24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) Frank W. Hall, M. D.(Address) Cape Girardeau, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

