

OCT 20 1937

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

Do not use this space.

34425

1. PLACE OF DEATH

County Jackson Registration District No. 398
Township Blue Primary Registration District No. 5554
City St. Charles No. 730 Hawthorne St. _____ Ward _____

2. FULL NAME

Lena Smith Meeker
(a) Residence, No. 730 Hawthorne 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 Female 4. COLOR OR RACE Wht. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles Meeker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 31/1880

7. AGE YEARS 57 MONTHS _____ DAYS 11 If LESS than 1 day, _____ hr. 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) Missouri

13. NAME Same

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT Orville Smith
(ADDRESS) 749 Hawthorne

18. BURIAL, CREMATION, OR REMOVAL PLACE Marshall DATE Sept. 13, 1937

19. UNDERTAKER Stone - to Blue
(ADDRESS) Hannas City, Mo.

20. FILED 9-17-37 F. L. Cook
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from SEPT 9, 1937, to SEPT 11, 1937

I last saw her alive on SEPT 11, 1937 Death is said to have occurred on the date stated above, at 7:40 a.m.

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

CORONARY OCCLUSION
CHRONIC NEPHRITIS

Other contributory causes of importance:

UREMIC COMA

Name of operation NONE Date of _____

What test confirmed diagnosis? CLINIC 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) J. Lynch Jr, M. D.

(Address) 10307 W. 101st AVE

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.

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Dr. Carat 1300 N. Kentucky Blvd