

DEC 20 1937

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

Do not use this space.

40078

1. PLACE OF DEATH

County JacksonRegistration District No. 399Township KawPrimary Registration District No. 1002City St. Louis(No. 1)Mercy HospitalFile No. 500

Registered No. _____

St. _____ Ward)

2. FULL NAME Robert Medearis

(a) Residence, No. _____

St. _____

Ward. Appleton City, Mo.

(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

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

X

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

Feb. 4th 1937

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

184hrs.

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

None

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)

Mo

13. NAME

Joseph Medearis

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

Mo

15. MAIDEN NAME

Unknown

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

Mo

17. INFORMANT (ADDRESS)

Frank Lee
Appleton City Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Appleton City, Mo. Nov. 7 1937

19. UNDERTAKER (ADDRESS)

Frank Lee
Appleton City Mo

20. FILED

Nov. 1 1937 M. M. Teronow

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 31 193722. I HEREBY CERTIFY, That I attended deceased from Oct. 30, 1937, to Oct. 31, 1937I last saw him alive on Oct. 31, 1937 Death is saidto have occurred on the date stated above, at 6:15 p.m.

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

Influenza
Pharyngitis122 B1

Date of onset

10-29
-31

Other contributory causes of importance:

BranchopneumoniaName of operation Reduction of intubation Date of 10-30-37What test confirmed diagnosis? Yes 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? _____

If so, specify _____

(Signed) C Eugene Parsons

M. D.

(Address) Plaza Bank Bldg. N.C. Mo.By David M. M. M.

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.

