

REC'D APR 19 1938

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

Do not use this space.

1. PLACE OF DEATH
 40 County Grundy Registration District No. 328
 4 Township Wm. Smith Primary Registration District No. 3017
 2 City Summiton (No. _____) St. _____ Ward _____

2. FULL NAME George T. Meek 200
 (a) Residence, No. _____ 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.

10858

File No. _____
Registered No. _____

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rebecca Meek

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 17-1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
88 6 28

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

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 _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 15, 1938

22. I HEREBY CERTIFY, that I attended deceased from Jan 1, 1938 to Mar 15, 1938
 I last saw him alive on Mar 10, 1938 Death is said to have occurred on the date stated above, at 6:30 A. m.
 The principal cause of death and related causes of importance were as follows:
Chronic Nephritis Date of onset 1937
+ Prostatitis

Other contributory causes of importance: 131'

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

13. NAME Jeremiah Meek

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

15. MAIDEN NAME Elizabeth Vest

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

17. INFORMANT Mrs Lattie Shelton
 (ADDRESS) Summiton Mo R7-D

18. BURIAL, CREMATION, OR REMOVAL PLACE Salt Mo Cemetery DATE March 16, 1938

19. UNDERTAKER Ark Bays & Son
 (ADDRESS) Salt Mo

20. FILED 3-16-38 Gene D. Fawcett
 Registrar. 300

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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) J. J. Francis, M. D.
J. Francis Mo (Address)

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.

