

DECEMBER 19 1938

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

Do not use this space.

1. PLACE OF DEATH

County Brunswick

Registration District No. 328

Township Jaylow

Primary Registration District No. 5464

City _____ (No. _____)

10865

File No. _____

Registered No. _____

2. FULL NAME

William Richard Meek - Still Born 300

(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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 9-1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

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

12. BIRTHPLACE (CITY OR TOWN) Brimson, Mo. (STATE OR COUNTRY) R. F. D.

13. NAME Mrs J. Meek

14. BIRTHPLACE (CITY OR TOWN) Brunswick Co. Mo. (STATE OR COUNTRY)

15. MAIDEN NAME Mamie Lois Allen

16. BIRTHPLACE (CITY OR TOWN) Brunswick Co. Mo. (STATE OR COUNTRY)

17. INFORMANT Mrs J. Meek (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Hills Chappel DATE March 9, 1938

19. UNDERTAKER Friends (ADDRESS)

20. FILED 3-9-38 Gene S. Fair Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 9, 1938, to March 9, 1938

I last saw h. Still Born, 19. Death is said

to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance were as follows:

Difficult Birth

Date of onset

Other contributory causes of importance:

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? _____

If so, specify _____

(Signed) C. Hauller, M. D.

(Address) Wenton, 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.

