

1938 OCT 27 1938

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

Do not use this space.

33487

1. PLACE OF DEATH

County Stoddard
Township Liberty
City North R 4 (No. _____)

Registration District No. 838
Primary Registration District No. 60988

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME Dale Meaton

(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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 11th 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 10

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

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) Jefferson Mo. R 4 (STATE OR COUNTRY)

13. NAME August Meaton

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

15. MAIDEN NAME Ollie Bell Grayson

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

17. INFORMANT August Meaton (ADDRESS) North R 4

18. BURIAL, CREMATION, OR REMOVAL PLACE Buried DATE 9-22-38

19. UNDERTAKER (ADDRESS) 755

20. FILED 10/19 1938 Margaret Boone Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 21st 1938

22. I HEREBY CERTIFY, That I attended deceased from 9-21-38 to 9-21-38, 1938

I last saw him alive on 9-11-38, 1938 Death is said to have occurred on the date stated above, at 5 P. m.

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

Cerebral hemorrhage Date of onset _____

Other contributory causes of importance: 160 lbs
Intense Labor

Name of operation None 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? None Date of injury _____, 1938

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) S. S. Lane, M. D.

Address North R 4

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is

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FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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33487
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1. PLACE OF DEATH
 (a) County Stoddard Registration District No. 838
 (b) Township Liberty Primary Registration District No. 6098 B
 (c) City (d) Street No. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Wale MEEKAN
 (a) Residence, No. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED inf
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
10

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as 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)

FATHER
 13. NAME
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
 15. MAIDEN NAME
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 10/17 1938 Jennie Burton Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19...
 I last saw h..... alive on....., 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:
 Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....

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. S. Davis, M. D.
 (Address) Repton

SUPPLEMENTARY

RECEIVE A COPY FOR COMMUNICATIONS UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

Every supplier, AGE should be stated EXACTLY. PHYSICIAN should, to explain terms, so that it may be properly classified. Exact statement of cause of death is very important. ROWEN

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