

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.

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

Do not use this space.

REC'D FEB 15 1939

2470

1. PLACE OF DEATH

County Holt Registration District No. 371  
Township Clay Primary Registration District No. 4217  
City Marbleton (No. 3202) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 38

2. FULL NAME

Lemuel Andrew Meadows

(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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 11-1857

7. AGE YEARS 81 MONTHS 10 DAYS 23 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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. farmer

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) Centerville, Iowa

13. NAME Sidney Smith Meadows

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

15. MAIDEN NAME Elizabeth Ann Scarborough

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

17. INFORMANT C. A. Meadows (ADDRESS) Marbleton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Graham IOOF DATE 2-6 1939

19. UNDERTAKER Campbell Funeral Home (ADDRESS) Marbleton, Mo.

20. FILED 2-6 1939 Vern D. Stout Registrar. 332

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 4 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 4 1938 to Feb 4 1939

I last saw him alive on Feb 4 1939 Death is said to have occurred on the date stated above, at 3:55 p.m.

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

Perniciou anemia Date of onset \_\_\_\_\_

Other contributory causes of importance: MI

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? R.B. Count 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) R.M. Liley, D.O. M.D.  
(Address) Marbleton, Mo.

