

1939 MAR 20 1939

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

7128
Do not use this space.

1. PLACE OF DEATH

(a) County Macon
(b) Township Morrow
(c) City

Registration District No. 529
Primary Registration District No. 5706

Registered No.

(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

(a) Residence, No. 320 Mrs Dixie Meadows St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Calvin Meadows
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 12 - 1853
7. AGE YEARS 85 MONTHS 6 DAYS 13 If LESS than 1 day, hrs. min.
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. Retired housewife
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) Ky

FATHER 13. NAME Elijah Williams

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

MOTHER 15. MAIDEN NAME Millie Cook

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

17. INFORMANT Jasper Meadows (ADDRESS) Calder, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oakwood Cem DATE 10-26-1939

19. FUNERAL DIRECTOR (NAME) Stephens & Gooding (ADDRESS) Macon, Mo.

20. FILED Feb 11 1939 Mrs R. W. Dwyer Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 25 1939

22. I HEREBY CERTIFY That I attended deceased from

Jan. 25 1939, to Jan. 25 1939, 1939

I last saw h.e.e. alive on Jan 25 1939. Death is said

to have occurred on the date stated above, at 1:00 p.m.

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

Chronic Myocardial Failure
Chronic Nephritis
121

Other contributory causes of importance:

Hypertensive Heart Disease

Name of operation Date of

What test confirmed diagnosis? Clinical 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

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) A. L. Burden M. D.

Calder, 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.

RECEIVED

District Health Officer No. 10

District File Number 10-39-356

Date Filed MAR 10 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

Licensed Embalmer No.

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.