REG'D APR 15 1939

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

Do not use this space.

1. PLACE OF DEATH

County Clay — Registration District No. 148 — File No. 10527

Township ~~Fishing River~~ — Primary Registration District No. 3011 — Registered No. 41

City Excelsior Springs, Mo. (No. ..... St. 3d Ward)

2. FULL NAME MEEK, Ray

(a) Residence, No. ..... St., ... Ward. Stanberry, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 12 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 Wilma Meek

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 15, 1894

7. AGE: YEARS 44 — MONTHS 6 — DAYS 18 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumbers Helper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Plumbing
10. Date deceased last worked at this occupation (month and year) Unknown
11. Total time (years) spent in this occupation Unk.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gentry Missouri

FATHER

13. NAME William A. Meek
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Albany Missouri

MOTHER

15. MAIDEN NAME Elizabeth Murphy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gentry Missouri

17. INFORMANT (ADDRESS) Records V. A. Facility Excelsior Springs, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Stanberry, Mo. DATE April 2, 1939

19. UNDERTAKER (ADDRESS) L. F. PHILLIPS Stanberry, Mo.

20. FILED Apr. 3 1939 Norma McCracken Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 21, 1939, to April 2, 1939
I last saw him alive on April 2, 1939. Death is said to have occurred on the date stated above, at 4:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Unknown

Other contributory causes of importance:

~~XXXX~~ Mitral insufficiency	Unknown
VHD	

Name of operation None 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 ....., 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) [signature], M. D.
(Address) F. M. RUEGSEGGER, Officer of Day
V. A. Facility, Excelsior Spgs, Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.

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