

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.

MAY 18 1939

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

Do not use this space.

15470

1. PLACE OF DEATH

County JacksonRegistration District No. 542File No. 15Township JacksonPrimary Registration District No. 5731Registered No. 4City Jackson

No.

St.

Ward)

2. FULL NAME

(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

F

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

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

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

Sept 19, 1922

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ... hrs. or min.

16519

OCCUPATION

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

Student

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) (STATE OR COUNTRY)

Verona Mo

13. NAME

Jake Meidinger

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

Verona Mo

15. MAIDEN NAME

Catharine Meidinger

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

Verona Mo

17. INFORMANT (ADDRESS)

Jake Meidinger

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

3/11/39

19. UNDERTAKER (ADDRESS)

McWing & Son

20. FILED

5/10/391939Wm. H. Meidinger

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Mar 81939

22. I HEREBY CERTIFY That I attended deceased from

Dec 211938

to

Mar 81939I last saw her alive on Mar 8, 1939 Death is saidto have occurred on the date stated above, at 6 P. m.

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

Pericarditis

Date of onset

Other contributory causes of importance:

Name of operation noneDate of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external cause (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?

If so, specify

(Signed)

(Address)

M. D.

