

REC'D JUN 21 1939

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

18574
Do not use this space.

1. PLACE OF DEATH
 (a) County Franklin Registration District No. 294
 (b) Township Central Primary Registration District No. 5407B Registered No. _____
 (c) City St. Clair (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (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 Nicholas Anthony Mead
 (a) Residence, No. _____ St. (If nonresident, give city or town and State) Mo.
 (Usual place of abode, if no street address, write county or city)

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 Mary Mead

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 12, 1860

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
79 2 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 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) St. Clair Co. Mo.
Ill.

FATHER 13. NAME Bradford Mead
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Clair, Co. Mo.
Ill.

MOTHER 15. MAIDEN NAME Lugeania Jemison
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Union Mo.
Ill.

17. INFORMANT Mrs Monroe Phillips
 (ADDRESS) St. Clair, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Indian Prairie DATE May 18, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Casey & Lenox
St. Clair, Mo.

20. FILED 619 19 29 Mo
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16, 1939

22. I HEREBY CERTIFY, That I attended deceased from April 11, 1939, to May 16, 1939
 I last saw him alive on May 16, 1939 Death is said to have occurred on the date stated above at 11 P.M.
 The principal cause of death and related causes of importance were as follows:
Aortic Stenosis
Influenza
30% S.

Other contributory causes of importance:
no

Name of operation no Date of _____
 What test confirmed diagnosis? clinical Was the _____ 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 W. E. Kitchell, M. D.
 (Signed) W. E. Kitchell
 267 (Address) St. Clair Mo.

N. B.—Every item of information should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

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.