

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.

AUG 1 1939

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

26010  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Jefferson Registration District No. 425  
 (b) Township Marion Primary Registration District No. 5780  
 (c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (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

435 MATHILDA ALTON NEE MEADE  
 (a) Residence, No. \_\_\_\_\_ St. ☐ (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Robert Alton</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 22-1885</u>		
7. AGE YEARS <u>54</u>	MONTHS <u>4</u>	DAYS <u>29</u>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>House Work</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Private Home</u>	
10. Date deceased last worked at this occupation (month and year) <u>June 1-1939</u>	11. Total time (years) spent in this occupation <u>10 years</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Franklin Co Mo</u>		
FATHER	13. NAME <u>Anthony Meade</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St Louis Mo</u>	
MOTHER	15. MAIDEN NAME <u>Isabelle Lyons</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Franklin Co Mo</u>	
17. INFORMANT <u>Sam Brazzale</u> (ADDRESS) <u>Cattanooga Tenn</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Brazzale Can</u> DATE <u>7/22/39</u>		
19. FUNERAL DIRECTOR (NAME) <u>Heiligtag Undertakers</u> (ADDRESS) <u>Imperial Corp</u>		
20. FILED <u>29 Jul 1939</u> <u>JAMES A. POWERS</u> Local Registrar		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>July 21</u> , 19 <u>39</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>June 1</u> , 19 <u>39</u> , to <u>July 20</u> , 19 <u>39</u> . I last saw her alive on <u>July 20</u> , 19 <u>39</u> . Death is said to have occurred on the date stated above, at <u>3:30 a.m.</u> The principal cause of death and related causes of importance were as follows: <u>Cancer of the Stomach</u> Other contributory causes of importance: <u>46</u> Name of operation _____ Date of _____ What test confirmed diagnosis? _____ Was there an autopsy? <u>No</u> 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? <u>No</u> If so, specify _____ (Signed) <u>Perse S. Sargent</u> , M. D. (Address) <u>Baroka Mo</u>

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**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.**