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

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.

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

Do not use this space.

44963

1. PLACE OF DEATH
County Wayne 2
Township Cowan 1
City Lowndes (No. ..... , ..... St. ..... Ward)
Registration District No. 894
Primary Registration District No. 6195a
File No. .....
Registered No. .....

2. FULL NAME 36C Caryn Newton Meador
(a) Residence, No. Lowndes 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 Male
4. COLOR OR RACE W.
5. ~~SINGLE, MARRIED~~, WIDOWED, OR ~~DIVORCED (write the word)~~ Widower
5A. IF ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Mary Elizabeth Meador
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 12, 1857
7. AGE YEARS 81 MONTHS 5 DAYS 9 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farming
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) Piedmont Mo. C

FATHER
13. NAME Austin Meador 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee 1

MOTHER
15. MAIDEN NAME Howard
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Meador Gypsy
18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~
PLACE Gypsy Cem. DATE 6/21/38 19
19. UNDERTAKER (ADDRESS) A Neighbor
20. FILED 12-28 1939 J. F. Parrens Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 21, 1938
22. I HEREBY CERTIFY, That I attended deceased from June 20, 1938 to June 21, 1938
I last saw him alive on June 20, 1938 Death is said to have occurred on the date stated above, at 1 A m.
The principal cause of death and related causes of importance were as follows:
Endo-Carditis — Date of onset 2 or 3 years
92 A
Other contributory causes of importance:
Enteritis
Name of operation — Date of .....
What test confirmed diagnosis? — Was there an autopsy? .....
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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 .....
(Signed) Jno F Wagner, M. D.
(Address) Greenville, Mo.