

JUL 26 1930

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

Do not use this space.

9585-a

1. PLACE OF DEATH

County Moniteau
Township Linn
City (No.) St. Ward)

Registration District No. 574
Primary Registration District No. 5772a

File No. 1930
Registered No. 6

2. FULL NAME

John Frank Meredith

(a) Residence No. St. Ward. (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 white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Mrs John Meredith

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 8 = 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 6 22

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN).....

(STATE OR COUNTRY) Mo.

10. NAME OF FATHER Frank Meredith

11. BIRTHPLACE OF FATHER (CITY OR TOWN).....
(STATE OR COUNTRY) Kentucky

12. MAIDEN NAME OF MOTHER Mariam Stanley

13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....
(STATE OR COUNTRY) Mo.

14. INFORMANT Dr. A. L. Meredith
(Address) Prairie Home, Mo.

15. FILED 3/31, 19. 30 H. H. Moore REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-30-30

17. I HEREBY CERTIFY, that I attended deceased from 3 19. 30 to 3-30-30, 19. 30 that I last saw him live on 3-30-30, 19. 30 and that death occurred, on the date stated above, at 12 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Aneurysm
Apoplexy 80 ft
(duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY) 74 ft
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH. no

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) A. L. Meredith M. D.
3-30-30 (Address) Prairie Home Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mt. Zion Cemetery DATE OF BURIAL Mar. 31. 1930

20. UNDERTAKER b. Albert Hornbeck ADDRESS Prairie Home, Mo.

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.

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

