

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

Do not use this space.

22101

1. PLACE OF DEATH  
 County Monroe Registration District No. 581  
 Township Monroe Primary Registration District No. 4343  
 City Monroe City (No. 202 Court. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Robert Kerr Megown  
 (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 41 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 Widowed  
 5. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) January 7<sup>th</sup> 1843  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
86 5 4  
 8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Farmer.  
 (b) General nature of industry, business, or establishment in which employed (or employer) Retired several years.  
 (c) Name of employer \_\_\_\_\_  
 9. BIRTHPLACE (CITY OR TOWN) Ralls Co.  
 (STATE OR COUNTRY) Missouri  
 10. NAME OF FATHER Samuel Anderson Megown  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Pittsburg  
 (STATE OR COUNTRY) Penn.  
 12. MAIDEN NAME OF MOTHER Julia Ann McCready  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Philadelphia  
 (STATE OR COUNTRY) Pa.  
 14. INFORMANT W. F. Wadsworth  
 (Address) Monroe City, Mo.  
 15. FILED 6/13 1929 O. W. Wilson  
 REGISTRAR  
Deputy.

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 11<sup>th</sup> 1929  
 I HEREBY CERTIFY, That I attended deceased from Nov 3 1928 to June 11 1929  
 that I last saw him alive on June 11 1929, and that death occurred, on the date stated above, at 9:30 a.m.  
 THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Cerebrovascular Disease.  
9-10 F  
 (duration) 9 yrs. mos. ds.  
 CONTRIBUTORY (SECONDARY) \_\_\_\_\_  
 (duration) \_\_\_\_\_ yrs. mos. ds.  
 18. WHERE WAS DISEASE CONTRACTED Not known  
 IF NOT AT PLACE OF DEATH. Not known  
 DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? No  
 WHAT TEST CONFIRMED DIAGNOSIS? Physiologist  
 (Signed) John H. Hester M. D.  
6/13 1929 (Address) Monroe City 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 DATE OF BURIAL  
St. Jude Semetary 6-13<sup>th</sup> 1929  
 20. UNDERTAKER ADDRESS  
Wilson + Son - Monroe City 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.

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