

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

Do not use this space.

32049

1. PLACE OF DEATH

County Barton
Township Newport
City Robert Earl (No. St. Ward)

Registration District No. 1008
Primary Registration District No. 5057

File No.
Registered No. 7
St. Ward)

2. FULL NAME

Robert Earl Mead

(a) Residence. No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 9 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

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

Nov-17-1929

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. min.

10

15

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Newport Sup.

(STATE OR COUNTRY)

Barton Co. Mo

10. NAME OF FATHER

Harley Mead

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Kerry Oklahoma

12. MAIDEN NAME OF MOTHER

Georgia Kelly

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

near Vandalia Illinois

14.

INFORMANT (Address)

Harley Mead
Lamar Mo.

15.

FILED

Oct 3, 1930
J. W. Wise
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Oct-2-1930

17.

I HEREBY CERTIFY, That I attended deceased from Oct-1-1930 to Oct-1-1930 and that I last saw him alive on Oct-1-1930 and that death occurred, on the date stated above, at 2:00 A. M.

THE CAUSE OF DEATH* was as follows:

Congenital abnormality of heart
1576
119B (duration) yrs. 10 mos. 15 ds.

CONTRIBUTORY (SECONDARY)

des colitis (duration) yrs. mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED?

NOT AT PLACE OF BIRTH

19. DID AN OPERATION PRECEDE DEATH?

NO

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. K. Topplewell M. D.
9-19 (Address) Lamar 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

Moorehead Cem

DATE OF BURIAL

10-2-1930

20. UNDERTAKER

J. P. Phillips

ADDRESS

Lodden 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.

NOV 21 1930

