

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

Do not use this space.

27677-a

**1. PLACE OF DEATH**

County Corndon Registration District No. 121  
Township Warren Primary Registration District No. 0173  
City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

James S. Meads  
(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nancy Young  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 15 = 1849  
7. AGE YEARS 81 MONTHS 8 DAYS 15 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 30 1937  
22. I HEREBY CERTIFY, That I attended deceased from Aug 30, 1937, to Aug 30, 1937  
I last saw him alive on and Aug 30, 1937. Death is said to have occurred on the date stated above, at 11 A. m.  
The principal cause of death and related causes of importance were as follows:

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

apoplexy -  
87A  
87A  
Other contributory causes of importance: none  
Date of onset 8-30-37

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Corndon Co  
13. NAME Jacob Meads  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? History Was there an autopsy? no

MOTHER 15. MAIDEN NAME unknown  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_  
17. INFORMANT Wiley Meads (ADDRESS) elderly - no

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. none

18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Hill DATE Aug. 31 37  
19. UNDERTAKER (ADDRESS) Palmer

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_  
24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_

20. FILED 9-20, 1937 Mrs. C. L. Clifton Registrar

(Signed) E. E. Laiboner, M. D.  
(Address) Dreaverille Mo

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.

NOV 2 9 1937

