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.

File No. 21639
Registered No. 5438

**1. PLACE OF DEATH**

County ..... Registration District No. 79[illegible]
Township ..... Primary Registration District No. 10[illegible]3
City St. Louis (No. Barnes Hospital St. ..... Ward)

**2. FULL NAME** Orland Howard Meadows

(a) Residence, No. ..... St., 196 Ward. Licking Mo.
(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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 12-1899

7. AGE: YEARS 34 | MONTHS 4 | DAYS 10 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lumber yard
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Meadows Lumber yard
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): Licking Mo.

FATHER
13. NAME: Donald Meadows.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Garrett.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Arleen Meadows. Licking Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Licking Mo DATE June 25 1933

19. UNDERTAKER (ADDRESS): Smith & Ferguson Licking Mo.

20. FILED JUN 22 1933, 19 J. F. Biedeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June-22, 1933

22. I HEREBY CERTIFY, That I attended deceased from 6-19, 1933, to 6-22, 1933
I last saw him alive on 6-22, 1933 Death is said to have occurred on the date stated above, at 12 [illegible] p.m.
The principal cause of death and related causes of importance were as follows:

Tumor of Brain (meningeal Fibroblastoma) Non-malignant 54D — Date of onset 1 yr.

Other contributory causes of importance: 87B

54D

Name of operation Craniotomy Date of 6-22-33
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... 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) F. S. Comer, M. D.
(Address) BARNES HOSPITAL