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.

JAN 22 1935

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

Do not use this space.

45504

1. PLACE OF DEATH
County Shelby — Registration District No. 560 — File No. 4
Township Jefferson — Primary Registration District No. 6094 — Registered No. 4
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Samuel Harris Meadows
(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
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 Anna Phillips

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5/10/1877

7. AGE: YEARS 57 — MONTHS 7 — DAYS 12 — If LESS than 1 day, ... hrs. or ..... min.

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 .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shelby Co. Mo

FATHER
13. NAME Samuel Crow Meadows
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe Co. Mo

MOTHER
15. MAIDEN NAME Laura Jane Woods
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe Co Mo

17. INFORMANT (ADDRESS) Mrs Anna Meadows Clarence Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Union Cemetery DATE Dec 15 1934

19. UNDERTAKER (ADDRESS) Fred A Thompson Madison Mo

20. FILED 12/14 1934 Roy Hamilton Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 5, 1934, to Dec 13, 1934
I last saw him alive on Dec 13, 1934. Death is said to have occurred on the date stated above, at 6:20 pm.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia.	Dec 5 1934
11A 10% 11a	
Other contributory causes of importance: influenza	Dec 2 1934

Name of operation none Date of .....
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) D L Harean, M. D.
(Address) Clarence Mo