

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

Do not use this space.

1. PLACE OF DEATH

County Lecler
Township Livingston
City Stockton Mo

Registration District No. 165
Primary Registration District No. 5-231

File No. 2376
Registered No. 51
St. _____ Ward _____

2. FULL NAME

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

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S. of foreign birth? yrs. mos. da.

Thomas Traub Mead 300

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 Wda Mead

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 20 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 5 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance Office
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) Roanoke Va

13. NAME William T. Mead
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Va

15. MAIDEN NAME Lociranger
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Va

17. INFORMANT (ADDRESS) Traub Mead Stockton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Trinity Prairie DATE Jan 21 1938

19. UNDERTAKER (ADDRESS) W.C. Davis & Co Stockton Mo

20. FILED Jan 21 1938 Mrs H.A. Bracon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 18 1938

22. I HEREBY CERTIFY, that I attended deceased from _____, 1938, to Jan 18 1938.
I last saw him alive on Jan 18 1938. Death is said to have occurred on the date stated above, at 11:20 a.m.

The principal cause of death and related causes of importance were as follows:
Acute Lobar Pneumonia Date of onset _____

Other contributory causes of importance:
Traumatic injury of chest

Name of occupation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external cause (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____

Specify whether in _____ (Specify town, county, and State) _____ or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) C.R. Steff, M. D.

(Address) Stockton Mo

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

FEB 23 1938

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FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

2376

Do not use this space.

1. PLACE OF DEATH

(a) County Cedar Registration District No. 165-
(b) Township _____ Primary Registration District No. 4091 Registered No. 57
(c) City Stockton (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Thomas Frank Mead

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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) m

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 18 1938

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

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

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
67 5 18

The principal cause of death and related causes of importance were as follows:

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

acute lobar pneumonia Date of onset 108

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Other contributory causes of importance:
traumatic injury of chest

FATHER 13. NAME

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19____

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED _____ 19____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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.

This accident occurred while the deceased was at work in the _____ manner of injury _____
Nature of injury was _____ chest wounds
It is felt that there should not be a mention of this
24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) C. R. Steff, M. D.
(Address) Stockton Mo

Local Registrar.

SUPPLEMENT

PHYSICIANS SHOULD STATE IF COPY IS MADE UNTIL THEY ARE COMPLETED AS FATHER MOTHER REGISTRARS SMALL NOT

