

SEP 29 1936

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

Do not use this space.

32071

## 1. PLACE OF DEATH

County RAY  
Township RICHMOND  
City RICHMOND (No. , St. , Ward)Registration District No. 744  
Primary Registration District No. 3035File No. 86  
Registered No. 862. FULL NAME SILAS M. 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) WIDOWED5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Meadows6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JUNE 27 19507. AGE YEARS 86 MONTHS 2 DAYS 6 If LESS than 1 day, hrs. or min.OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired  
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 occupation12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.13. NAME JAMES MEADOWS14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) TENN.15. MAIDEN NAME SUSIE CARTER16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) TENN.17. INFORMANT HUGH MEADOWS (ADDRESS) RICHMOND, MO.18. BURIAL, CREMATION, OR REMOVAL PLACE RICHMOND DATE 8/29/36, 19.19. UNDERTAKER C. M. JOINER (ADDRESS) RICHMOND, MO.20. FILED 9-9-36 E. E. May Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/28/36, 19.

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

I last saw him alive on , 19. 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:

Chronic Myocarditis  
990Other contributory causes of importance:  
Arterio Sclerosis

Name of operation Date of

What test confirmed diagnosis? Final Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? , 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?

If so, specify (Signed) E. E. May M. D.(Address) Richmond, 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.

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