

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

Do not use this space.

1. PLACE OF DEATH

County Montana
Township Palmer
City California (No.)

Registration District No. 571
Primary Registration District No. 4335

File No. 25684
Registered No. 36
St. Ward)

2. FULL NAME

Herman S. Meador

(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., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

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

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

Sept 16 - 1888

7. AGE

72

YEARS

MONTHS

DAYS

29

If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Contractor

(b) General nature of industry, business, or establishment in which employed (or employee)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Cole Co Mo

10. NAME OF FATHER

Wilson Meador

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Key

12. MAIDEN NAME OF MOTHER

Elizabeth Hauser

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Tenn

14.

INFORMANT
(Address)

Mr. H.S. Meador
California Mo

15.

FILED 7-17-1931

Jas N. Roth

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

July 15 1931

17.

I HEREBY CERTIFY That I attended deceased from 7-13-1931 to 7-15-1931 that I last saw him alive on 7-13-1931, and that death occurred, on the date stated above, at 7 P

THE CAUSE OF DEATH WAS AS FOLLOWS:

Spasms from being
thrown from a wagon
in a runaway
2 1/2 hrs (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY)

2 1/2 hrs (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

18 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

Dr. Popejoy

M. D

(Address)

California Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

City Cemetery

7/18 1931

20. UNDERTAKER

ADDRESS

Hullman & Friedman
California 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.

File 28

10-11-12