

N. B.—Every item of information should be carefully supplied. DO NOT check "I have stated EXACTLY." PHYSICIAN'S statement may be given in plain language, so that it can be read by laymen. Exact statement of OCCUPATION is very important.

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APR 28 1932

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

Do not use this space.

13292

1. PLACE OF DEATH  
68 County Monroe Registration District No. 571  
1 Township Walker Primary Registration District No. 4335  
2 City California (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
2. FULL NAME George B. Meridith  
(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 14 1864  
7. AGE YEARS 67 MONTHS 6 DAYS 19 If LESS than 1 day, \_\_\_\_\_ hrs. \_\_\_\_\_ min.  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plasterer  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 72  
10. Date deceased last worked at this occupation (month and year) 4/4/1932 11. Total time (years) spent in this occupation \_\_\_\_\_  
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monteau Co Mo  
13. NAME Archibald Meridith  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Idaho  
15. MAIDEN NAME Nancy F. Wilson  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Idaho  
17. INFORMANT Mrs Nancy Longan  
(ADDRESS) California Mo  
18. BURIAL, CREMATION, OR REMOVAL PLACE City of California DATE 4/5 1932  
19. UNDERTAKER Halligan & Friedman  
(ADDRESS) California Mo  
20. FILED April 5 1932 Gas R. Roth Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 4 1932  
22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_  
I last saw him alive on April 4 1932 Death is said to have occurred on the date stated above, at 11:30 Am.  
The principal cause of death and related causes of importance were as follows:  
Angina Pectoris. Date of onset \_\_\_\_\_  
Other contributory causes of importance: 94A ① 94A  
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 \_\_\_\_\_  
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) Longan, M. D.  
(Address) \_\_\_\_\_

