

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

Do not use this space.

14963

**1. PLACE OF DEATH**

County Jacobs  
Township Ray  
City R. C.

Registration District No. 399  
Primary Registration District No. 1002  
(No. St. Vincent's Hospital)

File No. \_\_\_\_\_  
Registered No. 1827  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Ethel A. Melkerson

(a) Residence. No. 5820 E 11 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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

6A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND or (OR) WIFE OF

Geo. C. Melkerson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 12, 1894

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
32 7 19

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Housewife  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

10. NAME OF FATHER Wm. R. Telfus

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Iud.

12. MAIDEN NAME OF MOTHER Mary Davis

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Iud.

14. INFORMANT (Address) Geo. C. Melkerson  
5820 E 11

15. FILED May 3, 1927 M. M. Cronin REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 1, 1927

17. I HEREBY CERTIFY That I attended deceased from 9:00 AM to 11:30 P.M. 1927 that I last saw her alive on May 1st, 1927 and that death occurred, on the date stated above, at 11:30 P.M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

1450  
13. Nephritis, acute exacerbation  
14. Obstruction of a chronic nephritis  
(duration) yrs. 1 mos. da.

CONTRIBUTORY Caesarean Section (SECONDARY) (duration) yrs. 6 mos. da.

18. WHERE WAS DISEASE CONTRACTED 1450 (NOTE PLACE OF DEATH) 5820 E 11th

DID AN OPERATION PRECEDE DEATH? no DATE OF May 1 - 1927  
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) John D. Emmert, M. D.

May 9, 1927 (Address) 608 Church St. Bldg

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Parsons Hall May 4, 1927

20. UNDERTAKER ADDRESS

P. H. Blackburn & Son 6606 Ind. St.

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.

