

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

Do not use this space.

JAN 17 1928

36076

1. PLACE OF DEATH
 County..... Buchanan Registration District No. 85
 Township..... Primary Registration District No. 1001
 City..... St. Joseph, (No. 1820 Clay St.) St. Ward)

File No.
 Registered No. 1320
 St. Ward)

2. FULL NAME Melissa Ann Maeder
 (a) Residence. No. St., Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female
 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 Albert C. Maeder

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug, 9, 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 4 13

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work At Home.
 (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) Franklin Co., Mo.

10. NAME OF FATHER Robert E. Miller

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Albert C. Maeder
 (Address) 1820 Clay St.

15. REGISTRAR John G. ...
 DEC 24 1927

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec, 22, 1927 19

17. I HEREBY CERTIFY, That I attended deceased from Nov 4, 1927, to Nov 22, 1927.
 that I last saw him alive on Nov 22, 1927, and that death occurred, on the date stated above, at 4.45 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Heart disease (arterio-sclerotic)

95B / 94C / (duration) 1 1/2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) coronary sclerosis
 (duration) ? yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....
 WAS THERE AN AUTOPSY? no

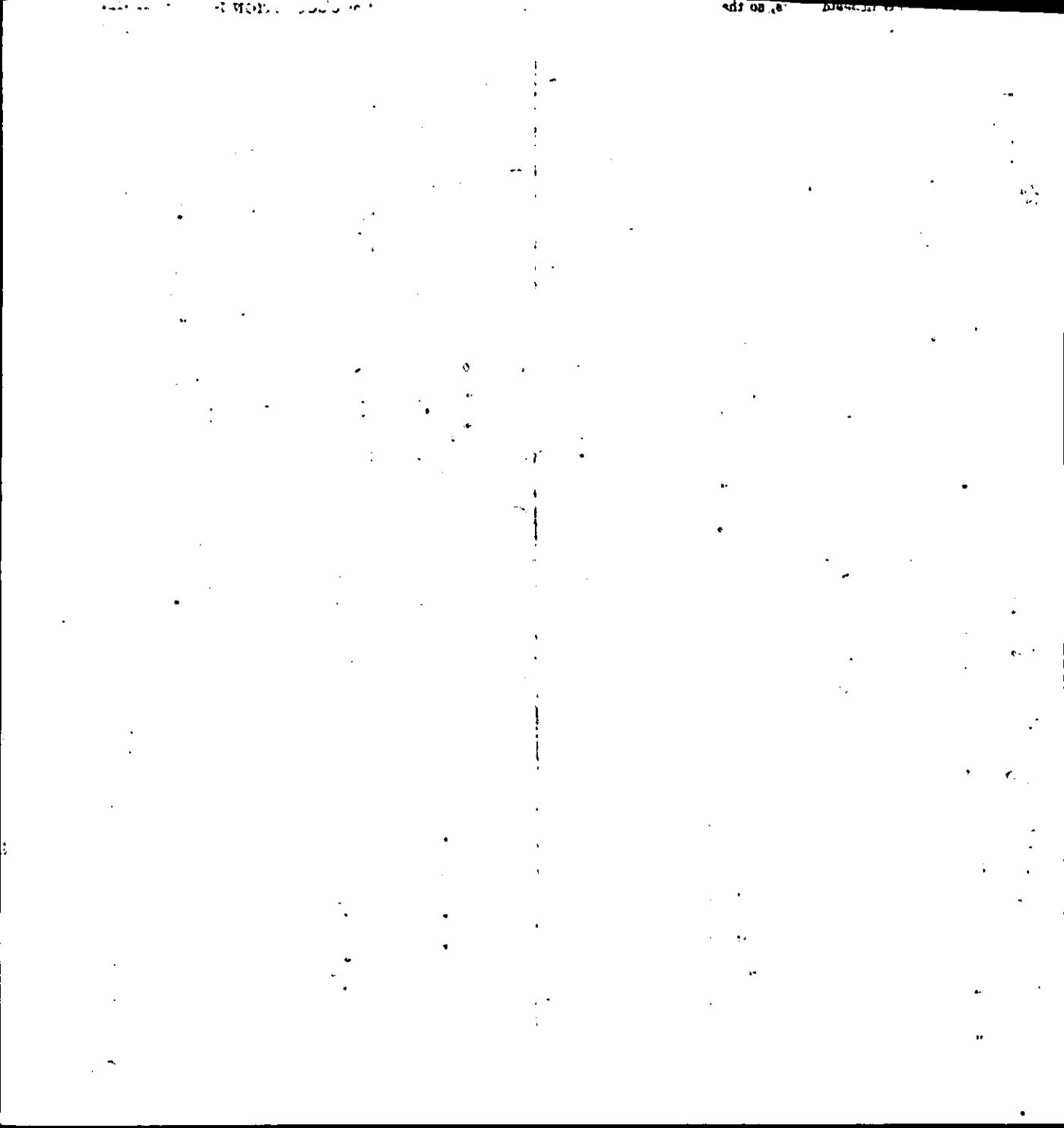
WHAT TEST CONFIRMED DIAGNOSIS? urinal
 (Signed) Hand, M. D.

12/23/1927 (Address) St. Joseph, 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 Memorial Park Cemetery DATE OF BURIAL Dec, 24, 19 27

20. UNDERTAKER Walter Meichoff ADDRESS 1302 Faraon St.



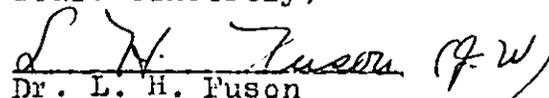
DR. L. H. FUSON
INTERNAL MEDICINE AND DIAGNOSIS
SUITE 320 KIRKPATRICK BLDG.

ST. JOSEPH, MO.
January 24, 1928

Sec'y Board of Health
City Hall,
City

Your questionnaire concerning death report in case of Mrs. Melissa Ann Maeder, cause of death not apparently acceptable, asking me to "State exact form of the heart disease, as mitral regurgitation, aortic stenosis, or valvular heart disease". None of the terms above quoted apply to this case, as she was not a case of rheumatic heart disease with any valvular lesion. Her heart disease was arterio sclerotic with coronary sclerosis, the proper diagnosis accepted by The Massachusetts General Hospital Nomenclature "Heart disease arterio sclerotic."

Yours sincerely,


Dr. L. H. Fuson

S(2)-36076

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Buchanan
Township St. Joseph
City St. Joseph (No.)

Registration District No. 85
Primary Registration District No. 1001

File No.
Registered No. 1320
St. Ward

2. FULL NAME

Melissa Ann Maeder

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) M

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 22 19 27

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

17. I HEREBY CERTIFY That I attended deceased from 19....., 19..... that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at..... m.

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

THE CAUSE OF DEATH WAS AS FOLLOWS:

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

Heart Disease (Atherosclerotic)

8. OCCUPATION OF DECEASED

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

CONTRIBUTORY Coronary Sclerosis (duration) yrs. mos. ds.
(SECONDARY) (duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 9/18

10. NAME OF FATHER

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Dr. Brown, M. D.

, 19 (Address) 1111 S. 1st St. St. Joseph, Mo

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

14. INFORMANT (Address)

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

19

15. FILED 19.....

20. UNDERTAKER ADDRESS

REGISTRAR

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW. Exact statement of OCCUPATION is very important. Error in print, etc., so that it may be properly classified.

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