

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.

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

Do not use this space.

10073

**1. PLACE OF DEATH**

County Pettis  
Township Sedalia  
City Sedalia (No. ....)

Registration District No. 668  
Primary Registration District No. 3032

File No. ....  
Registered No. 77  
St. .... Ward)

**2. FULL NAME**

(a) Residence. No. 411 East 5th St., 3 Ward.  
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

F

**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**

Medley Ross

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

Oct 20 - 1857

**7. AGE**

YEARS	MONTHS	DAYS	IF LESS than 1 day, ... hrs. or ... min.
<u>70</u>	<u>4</u>	<u>17</u>	

**8. OCCUPATION OF DECEASED**

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

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

Ohio

**10. NAME OF FATHER**

Benjamin Meloin

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

Ohio

**12. MAIDEN NAME OF MOTHER**

Isabel Lockwell

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

Virginia

**14.**

INFORMANT Mrs Emma Darling  
(Address) Sedalia Mo

**15.**

FILED 3-20-28  
J. S. Love  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** 3/7 1928

**17. I HEREBY CERTIFY** That I attended deceased from July 25, 1927, to March 7, 1928 that I last saw her alive on March 7, 1928, and that death occurred, on the date stated above, at 10:30 A.M.

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

Diabetes mellitus

59.577 (duration) unknown yrs. mos. ds.

**CONTRIBUTORY (SECONDARY)**

(duration) .... yrs. .... mos. .... ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH, MO

**DID AN OPERATION PRECEDE DEATH** no DATE OF .....

**WAS THERE AN AUTOPSY** no

**WHAT TEST CONFIRMED DIAGNOSIS** chemical

(Signed) M. C. P. S. M. D.  
, 19 (Address) Sedalia 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**

Sedalia Mo

**DATE OF BURIAL**

3/9 1928

**20. UNDERTAKER**

M. Laugher Bros  
Sedalia

