

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

Do not use this space.

22477

File No.
Registered No. **6673**

1. PLACE OF DEATH

County..... Registration District No. **7011**
Township..... Primary Registration District No. **1100B**
City **St. Louis** (No. **2941 a Olive**)

2. FULL NAME

Melsey Hansley

(a) Residence No. St. **21** Ward.

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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **Cold** 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) **Mar. 30, 1873**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
55 | 2 | 29

8. OCCUPATION OF DECEASED

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

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

10. NAME OF FATHER **Richard Hansley**

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

12. MAIDEN NAME OF MOTHER **Celia Pinkerton**

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

14. INFORMANT **Mary Hansley**
(Address) **2941 a Olive**

15. FILED **26 1928** **Mary C. Stanley** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **June 23 1928**

17. I HEREBY CERTIFY, That I attended deceased from 19....., to 19....., and that I last saw him alive on 19....., at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic interstitial Nephritis

CONTRIBUTOR (SECONDARY) **1/29 a**
(duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

19. WHAT TEST CONFIRMED DIAGNOSIS
(Signed) **J. W. Lane** M.D.
(Address) **Dep. Coroner**

*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 **Brownwood Jun 28 1928** DATE OF BURIAL **6-28-1928**

20. UNDERTAKER **J. H. Harrison** ADDRESS **2906 Lawton**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

