

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

Do not use this space.

29614

3

1. PLACE OF DEATH

County Andrew
Township.....
City Savannah, (No.....)

Registration District No. 13
Primary Registration District No. 4070

File No. 63
Registered No.
Savannah, Missouri, St. Ward)

2. FULL NAME Ida Belle Melton,

(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 43 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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 OR (OR) WIFE OF James Melton,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 27, 1859

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
	69	6	18	

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) Sangamon County, Illinois, (STATE OR COUNTRY)

10. NAME OF FATHER Benjamin F. McCulley

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown, Illinois, (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Charlotte Sample

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

14. INFORMANT James Melton (Address) Savannah, Missouri.

15. FILED Feb 17 28 W. J. Jeffers REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 15, 1928

17. I HEREBY CERTIFY That Ida Belle Melton deceased from Aug 15, 1928, to Sept 15, 1928, that I last saw her alive on Sept 15, 1928, and that death occurred, on the date stated above, at 7:55 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

General Cancer
46 B
53 E
46 E (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Carcinoma of Paul
Bladder (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? 1440
DID AN OPERATION PRECEDE DEATH? Yes DATE OF Aug 15 1928
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Exp. por. section
(Signed) W. J. Jeffers M. D.
Sept 17, 1928 (Address) Savannah 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 Savannah, Mo. Cemetery **DATE OF BURIAL** Sept. 17 1928

20. UNDERTAKER Frank A. Bowman **ADDRESS** Savannah, Mo.

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.

