

CT 26 (2)

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

Do not use this space.

30116

1. PLACE OF DEATH

County Grant
Township Clinton
City Clinton (No. _____) St. _____ Ward _____

Registration District No. B-4
Primary Registration District No. 33 68

File No. _____
Registered No. _____

2. FULL NAME

Joseph Anderson Melbramb
(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>M</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>self</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Unknown</u>		
7. AGE <u>About 63</u>	YEARS <u>None</u>	MONTHS <u>None</u>
	DAYS <u>None</u>	IF LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN)

Clinton
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER

Joseph Melbramb

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Clinton
(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Unknown
(STATE OR COUNTRY) _____

14.

INFORMANT Tom Graham
(Address) Bunker Corn 7700

15.

Sept 17, 1928
J. D. Gordon
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY That I attended deceased from Sept 2 1928 to Sept 17 1928
that I last saw her alive on Sept 17 1928, and that death occurred, on the date stated above, at 11:50 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS

Paralysis of Right side
Left side Sept 7 1928
Right side Sept 16 1928
(duration) _____ yrs. _____ mos. _____ da.

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: at home

DID AN OPERATION PRECEDE DEATH: No DATE OF _____

WAS THERE AN AUTOPSY: No

WHAT TEST CONFIRMED DIAGNOSIS: Physicochem

(Signed) J. D. Gordon M. D.
, 19 _____ (Address) Bunker Corn

*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

Bunker Corn Sept 17 1928

20. UNDERTAKER

Tom Mabe Bunker Corn 7700

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.

RECORD

