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

Do not use this space.

1161

File No.

Registered No. 22

1. PLACE OF DEATH

County: Greene — Registration District No. 318

Township — Primary Registration District No. 2001

City: Springfield — No. 1037 E Blaine St. — Ward

2. FULL NAME Fred E. Melo

(a) Residence. No. 1037 E Blaine 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

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

5A. ~~If Married, Widowed, or Divorced~~ HUSBAND OF ~~(or) WIFE OF~~ Beda Melo

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown 189 1

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	38	Unknown		

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Unknown
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

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

PARENTS

10. NAME OF FATHER John A. Melo

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

12. MAIDEN NAME OF MOTHER Ida May Anderson

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

14. INFORMANT Alma Lohmeyer
(Address) Springfield Mo

15. FILED 1-7 1929 O. C. Horst
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-1- 1929

17. I HEREBY CERTIFY, That I attended deceased from 12-27-29, 19..., to 1-1-, 19..., that I last saw h. alive on 1-1-, 19..., and that death occurred, on the date stated above, at 1:45 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Broncho-Pneumonia
IIA
IB7A
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Influenza
(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?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Hiram T. Kempf M. D
, 19 29 (Address) 450 Dr E. Pond

*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	DATE OF BURIAL
Hazelwood Cem	1-3 1929
20. UNDERTAKER	**ADDRESS**
Alma Lohmeyer	534 St Louis

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.

MAR 29 1945