

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

Do not use this space.

11366

1. PLACE OF DEATH

County Linn Registration District No. 470
 Township Mt Vernon North Primary Registration District No. 3633
 City (No.) St. Ward

File No.
 Registered No. 15

2. FULL NAME

Benjamin Franklin Melton
 (a) Residence No. 214 E Calhoun St. Ward. Springfield Mo.
 (Usual place of abode) (If nearest give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 26 - 1862

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>66</u>	<u>66</u>	<u>8</u>	<u>16</u>	

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Linden Mo.
 (STATE OR COUNTRY)

10. NAME OF FATHER Benj Franklin Melton

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

12. MAIDEN NAME OF MOTHER Polly Pendleton

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

14. INFORMANT Hospital records.
 (Address) Mt Vernon Mo.

15. Office 11th & 19th Sts. Tipton
 FILED 19... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY That I attended deceased from Feb 14 1929 to Mar 1 1929 that I last saw him alive on Mar 1 1929 and that death occurred, on the date stated above, at 1:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis
 (duration) yrs. 1 mos. da.

CONTRIBUTORY (SECONDARY) 31
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH:

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Sputum exam
 (Signed) Byron J. Mc Innis, M.D.
 , 19 (Address) Mt Vernon 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 DATE OF BURIAL

Springfield Mo 3/ 19

20. UNDERTAKER ADDRESS

Quo Co Mt Vernon

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.

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