

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

Do not use this space.

**B14405**

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.

**PLACE OF DEATH**  
25 1929 *Greene*

Registration District No. *318*

File No. ....  
Registered No. *328*  
St. .... Ward)

Township *Springfield* (No. *1125 n* Benton)

2. FULL NAME *Mary Lee Melcher*  
(a) Residence. No. *Montrose Colo.* Ward. ....  
(Usual place of abode) (If nonresident give city or town and State)  
Length of residence in city or town where death occurred yrs. *6* mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX *W* 4. COLOR OR RACE *Wh* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Child*  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Child*  
6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Aug 9 - 1923*  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
*5 8 6*

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

9. BIRTHPLACE (CITY OR TOWN) *Montrose Colo.*  
(STATE OR COUNTRY)

10. NAME OF FATHER *Wm Melcher*  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Jericho Spg Mo.*  
(STATE OR COUNTRY)  
12. MAIDEN NAME OF MOTHER *Ethel Knox*  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *S. Park Mo.*  
(STATE OR COUNTRY)

14. INFORMANT *Ethel Melcher*  
(Address) *Montrose Colo.*

15. Filed *4-17-29* *For Sharp* REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) *4-15-29*  
17. I HEREBY CERTIFY, That I attended deceased from *4-4-29* to *4-15-29* and that I last saw her alive on *4-15-29* at *6:45 p.m.*  
that death occurred, on the date stated above, at.....

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
*Acute rheumatic fever*  
*56 E 1325 318*  
..... (duration) yrs. mos. ds.  
CONTRIBUTORY (SECONDARY) *acute myo. carditis 6 days*  
*acute endo. carditis 3 days*  
*acute nephritis 4 days*  
..... (duration) yrs. mos. ds.

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?.....  
(Signed) *Urban Busick, M.D.*  
*4/17, 1929* (Address) *401 St Louis St.*

\*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 *Maple Park. Cent.* DATE OF BURIAL *4/17 1929*

20. UNDERTAKER *Alma Schuyler* ADDRESS *534 St Louis*

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