

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

Do not use this space.

36630

1. PLACE OF DEATH

County Christian Registration District No. 184
Township N. Galloway Primary Registration District No. 5257
City Ozark, Mo., R.R. (No.) St. Ward)

File No.
Registered No. 54
St. Ward)

2. FULL NAME

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

PERSONAL AND STATISTICAL PARTICULARS

2 MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (use the word) Widowed

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov, 22nd 1929

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

17. I HEREBY CERTIFY, That I attended deceased from Sept 25, 1927 to Sept 29, 1927, that I last saw him... alive on Sept 29, 1927, and that death occurred, on the date stated above, at 10 o'clock, m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 10th 1851

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>78</u>	<u>10</u>	<u>12</u>	

820
97 (duration) 2 yrs. mos. ds.
Cardiac

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)

CONTRIBUTORY Arteriosclerosis (SECONDARY) (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY)

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH

10. NAME OF FATHER Green Melton

19. DID AN OPERATION PRECEDE DEATH? No. DATE OF

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

WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS
(Signed) J. H. Hall, M. D.

12. MAIDEN NAME OF MOTHER Don't know

Nov 30, 1929 (Address) Ozark Mo

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't know (STATE OR COUNTRY)

*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.

14. INFORMANT Hannie Melton (Address) Ozark, Mo., R.R.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Selmore Cemetery DATE OF BURIAL Nov, 24th 1929

15. FILED Jan 5, 1930 Loretta Leonard REGISTRAR

20. UNDERTAKER T. B. Chaffin ADDRESS Ozark Mo

1930

PARENTS

3

