

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

Do not use this space.

39824

PLACE OF DEATH

County.....Buchanan.....
Township.....
City.....St. Joseph, (No. Noyes-Baptist Church Hospital.)

85
Registration District No.
Primary Registration District No. 1001

File No.
Registered No. 1505
St. Ward)

2. FULL NAME Jehu Jefferson Melvin
(a) Residence. No. 3318 Doniphan Ave. St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
Juliette E. Melvin

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 5, 1872

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	57	2	26	

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN).....Abilene, Kansas
(STATE OR COUNTRY)

10. NAME OF FATHER J. J. Melvin

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

12. MAIDEN NAME OF MOTHER Julia Ann Montgomery

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

14. INFORMANT.....Mrs. Juliette Melvin
Address) 3318 Doniphan Ave.

15. FILED..... 1930
John G. [Signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 31, 1929 19

17. I HEREBY CERTIFY, That I attended deceased from.....
Dec 4, 1929, to Dec 27, 1929,
that I last saw him alive on Dec 30, 1929, and that death occurred, on the date stated above, at 12.45 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Anemia (Chronic)

CONTRIBUTORY (SECONDARY) Hypertrophied Prostate
(duration) 2 yrs. mos. ds.

(duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED.....
IF NOT AT PLACE OF DEATH.....2

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

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Charles [Signature], M. D.

12/31/29 (Address Physician Surgeon [Signature])

*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
Mt. Auburn Cemetery
Memorial Park Cemetery
DATE OF BURIAL
Jan. 2, 1930

20. UNDERTAKER
Walter Meinhoffer
ADDRESS
1302 Faraon St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

69
2
JAN 2 1930

1971-72