

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

Do not use this space.

19580

2581

**1. PLACE OF DEATH**

County Jackson Registration District No. \_\_\_\_\_  
Township Kaw Primary Registration District No. \_\_\_\_\_  
City Kansas City (No. 117 W. 39th St.) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Ambrose W. Mellowish

(a) Residence No. 117 W. 39th St. St. 5 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 5, 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
64 11 15

**8. OCCUPATION OF DECEASED**

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

9. BIRTHPLACE (CITY OR TOWN) Stratton  
(STATE OR COUNTRY) Ill.

10. NAME OF FATHER James Mellowish

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

12. MAIDEN NAME OF MOTHER Anna Brady

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

14. INFORMANT Mellie Mellowish  
(Address) 117 W. 39th

15. FILED 6/12 1958 Wm. Crewe REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 20, 1958

17. I HEREBY CERTIFY, That I attended deceased from 6-18-30 to 6-21, 1958, that I last saw him alive on 6-21, 1958, and that death occurred, on the date stated above, at 7 P. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Cardiac Insufficiency

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 10 ds.

CONTRIBUTORY (SECONDARY) gastroc ulcer  
(duration) 7 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH, Do not know

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Examination

(Signed) W. S. Hubbard, M. D.

6/20 1958 (Address) 226 Hartweg Rd

\*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

St. Louis, Kansas 6-21-58

20. UNDERTAKER ADDRESS

Funeral Home J. C. Mc...

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.

Dr. S. B. Hibbard  
226 Lathrop Bldg.  
MA 0917