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

Do not use this space. Ryan

25670

1. PLACE OF DEATH

County: Texas — Registration District No. 1027 — File No.

Township: Clinton — Primary Registration District No. 6196 — Registered No.

City ..... (No. ..... St. ..... Ward)

2. FULL NAME William Riley Melton

(a) Residence. No. ..... St., ... Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 63 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: Clara B. Melton

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 7-9-1867

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
63	0	10	

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) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mayes Co Mo.

PARENTS

10. NAME OF FATHER: Tom Melton
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Tenn
12. MAIDEN NAME OF MOTHER: Eliza Rafely
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT (Address): Mrs. W. R. Melton

15. FILED Aug 5, 1930 J. Dwathemen REGISTRAR

MEDICAL CERTIFICATE OF DEATH 1 3:30 a.m.

16. DATE OF DEATH (MONTH, DAY AND YEAR): 7-19-1930

17. I HEREBY CERTIFY, That I attended deceased from 7/1 1930, to 7/19 1930, that I last saw him alive on July 17, 1930, and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Apoplexy
82A
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 7401
(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? Clinical
(Signed) R. A. Ryan, M. D
7/21, 1930 (Address) Mtn Grove

*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: Stubbs — DATE OF BURIAL: 7-20-1930

20. UNDERTAKER: Botten Funeral Home Geo Stapp — ADDRESS: Mtn Grove Mo