

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.

OCT 29 1930

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

Do not use this space.

30409

1. PLACE OF DEATH

County Linn Registration District No. 456 File No.
Township Elkberry Primary Registration District No. 4293 Registered No. 27
City Elkberry (No.) St. Ward)

2. FULL NAME

Robert S. Meloon
(e) 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

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) M

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 1st 1867

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
62 | 11 | 28

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Paymsville Mo
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Perry Meloon

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Pike Co Mo
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Elizabeth Taylor

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Pike Co Mo
(STATE OR COUNTRY)

14. INFORMANT Mary Meloon
(Address) Elkberry Mo

15. FILED 10-10-30 C. E. Powell REGISTRAR

3. MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 20 1930

17. I HEREBY CERTIFY, That I attended deceased from April 1930, to Sept-20-1930, that I last saw him alive on Sept 20-1930, and that death occurred, on the date stated above, at 5-2 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma Stomach
465
544
(duration) 1 yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH:

1 DID AN OPERATION PRECEDE DEATH? yes DATE OF Sept-19-30

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS usual
(Signed) J. V. Steeling, M. D.
, 19 (Address) Elkberry, Mo.

*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 Elkberry Cemetery DATE OF BURIAL 9/22 1930

20. UNDERTAKER W. B. Bradley ADDRESS Elkberry

