

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.

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

Do not use this space.

D. S. Williams
918
File No.
Registered No. **22**
St. Ward)

AND
8-19-31

PLACE OF DEATH

County Greene Registration District No. 518
Township Shawnee Primary Registration District No. 2001
City Shawnee (Name of City, Town or Village)

2. FULL NAME

(a) Residence. No. 1363 E. 2nd St. 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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 12-19-1917

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>13</u>	<u>10</u>	<u>16</u>	<u>—</u>

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

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

10. NAME OF FATHER C. H. Melton

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

12. MAIDEN NAME OF MOTHER Elna Weather

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

14. INFORMANT Mr. C. H. Melton
(Address) 1363 E. 2nd

15. FILED 1-7-31 Lon Sharp REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 5th 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 30, 1930, to Jan 5, 1931, and that I last saw him alive on Jan 5, 1931, and that death occurred, on the date stated above, at 10 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute endocarditis following a chronic endocarditis of several years duration.

CONTRIBUTORY (SECONDARY) Acute Pulmonary Infection non tubercular
(duration) yrs. mos. ds. 4

18. WHERE WAS DISEASE CONTRACTED? At home
IF NOT AT PLACE OF BIRTH

DID AN OPERATION PRECEDE DEATH? Yes DATE OF Jan 30 was operated on for Right Appendicitis
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Walter S. Williams M. D.
1931 (Address) Springfield 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 Walnut Ridge Mo DATE OF BURIAL 1-7-31

20. UNDERTAKER W. S. Payne or Springfield
ADDRESS

