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

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.

JUN 26 193

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

Do not use this space.

17830

1. PLACE OF DEATH
County Iron — Registration District No. 391 — File No.
Township Arcadia — Primary Registration District No. 4230 — Registered No. 27
City Ironton (No. ..... St. ..... Ward)

2. FULL NAME Melissa Townsend
(a) 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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Wide
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widow Joe Townsend
6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1853 May 4
7. AGE 78 YEARS | MONTHS | 2 DAYS | If LESS than 1 day ..... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife 235
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) Short Bend Mo
(STATE OR COUNTRY) Dent County

PARENTS
10. NAME OF FATHER Geo E Breckenridge
11. BIRTHPLACE OF FATHER (CITY OR TOWN) not known
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Mary Benning
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) not known
(STATE OR COUNTRY)

14. INFORMANT N. J. Townsend
(Address) Ironton Mo
15. FILED 5/8, 1931 R. A. Rasche
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5 A.M. May 6th 1931
17. I HEREBY CERTIFY, That I attended deceased from Mar 28th, 1931, to May 6th, 1931, that I last saw her alive on May 5th, 1931, and that death occurred, on the date stated above, at 5 A.M. a.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
complications of heart liver and kidney
200 A
(duration) 40 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Anascarca of abdomen & extremities
(duration) 12 yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED at her home
IF NOT AT PLACE OF DEATH? at place of death
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Ocular
(Signed) L. A. Marshall, M. D
5/8, 1931 (Address) Ironton, 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 Jane Bryan Cemetery — DATE OF BURIAL May 8 1931
20. UNDERTAKER Norman White — ADDRESS Ironton, Mo.