

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

Do not use this form

28034

J. D. Britton

1. PLACE OF DEATH

Country France Registration District No. 318
Township Springfield MO Primary Registration District No. 200
City Springfield MO (No. 1517 W Walnut)

File No. _____
Registered No. 608
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1517 W Walnut Ward _____

(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

MEDICAL CERTIFICATE OF DEATH

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 Elise Meldon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 5 1878

7. AGE YEARS 53 MONTHS 1 DAYS 14 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as engineer, sawyer, bookkeeper, etc. Driver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

13. NAME Melvin Meldon

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

15. MAIDEN NAME Beulah Bishop

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT My Elise Meldon (ADDRESS) Springfield Mo

18. BURIAL, CREMATION, OR REMOVAL Maple Oak (ADDRESS) Springfield Mo Date Aug 20 1931

19. UNDERTAKER W. J. Thompson (ADDRESS) Springfield Mo

20. FILED 8-30 1931 Registrar John Sharp

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/19 1931

22. I HEREBY CERTIFY, That I attended deceased from July 29, 1931, to Aug 19, 1931. I last saw him alive on Aug 18, 1931. Death is said to have occurred on the date stated above, at 9 a.m. The principal cause of death and related causes of importance were as follows:
Carcinoma of stomach
Date of onset Feb 1 1931

Other contributory causes of importance: 466

Name of operation none Date of _____
What test confirmed diagnosis? Symptoms Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) J. D. Britton, M. D.
(Address) Springfield Mo

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.

SEP 22 1931

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