

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.

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

Do not use this space.

2053

1. PLACE OF DEATH  
 County Pike Registration District No. 689  
 Township 5 Primary Registration District No. 3033  
 City Louisiana (No. Vanderenter Hill) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Melvina Daniel  
 (a) Residence, No. Vanderenter Hill 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) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
about 85

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home keeper

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) Adams Co. Ill

13. NAME Geo Eldred

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) (?) Ill

15. MAIDEN NAME (?)

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

17. INFORMANT Mrs J W Couch  
 (ADDRESS) Nebo Ill

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Reverent DATE 1/20 32

19. UNDERTAKER J P Haun  
 (ADDRESS) Louisiana Mo

20. FILED 1/29 32 J P Haun Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-18 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 5 1931 to 1-18 1932

I last saw him alive on 1-18 1932 Death is said to have occurred on the date stated above, at 3:20 m.

The principal cause of death and related causes of importance were as follows:  
Hypertension Date of onset Aug 1-3

Other contributory causes of importance:  
Leakage of Heart

Name of operation (?) Date of \_\_\_\_\_  
 What test confirmed diagnosis? (?) 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? \_\_\_\_\_  
 If so, specify J W Crewsdon M. D.  
 (Signed) Louisiana Mo (Address)

