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

Do not use this space.
8007

1. PLACE OF DEATH
County: Franklin — Registration District No.: 295
Township: Meramec — Primary Registration District No.: 5412
City: ..... (No. ....., ... St. ..... Ward)

File No.: 1
Registered No.: 2

2. FULL NAME: Jake Mellerman
(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.

MAY 24 1932

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct. 8, 1842.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	89	5	22	

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Sweden

PARENTS
10. NAME OF FATHER: unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Sweden.
12. MAIDEN NAME OF MOTHER: unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Sweden

14. INFORMANT: Robert Rice
(Address): Sullivan, Mo

15. FILED: 3/31/32, 1932 — J. P. Dunigan, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): March 30 1932

17. I HEREBY CERTIFY, That I attended deceased from March 29, 1932, to March 29, 1932, that I last saw him alive on March 29, 1932, and that death occurred, on the date stated above, at 12:45 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
~~Asthma~~ +
Bronchial Pneumonia
107A (duration) ..... yrs. ..... mos. 10 ds.
CONTRIBUTORY (SECONDARY): Arterial Sclerosis
(duration) 5 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED: 107A
IF NOT AT PLACE OF DEATH: 97
DID AN OPERATION PRECEDE DEATH? no DATE OF: .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) Walter P. Mattox, M. D.
Mar 8, 1932 (Address) Sullivan 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	DATE OF BURIAL
Reedville Cemetery	Mar. 31, 1932
20. UNDERTAKER	**ADDRESS**
Thos. P. Shaffer	Sullivan.