

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

Do not use this space.

1. PLACE OF DEATH

16 County Cape Girardeau Registration District No. 125
Township h Primary Registration District No. 3009
City h (No. 573 Rear So. Franklin) St. h Ward h

File No. 31626
Registered No. 237

2. FULL NAME

(a) Residence, No. h St. h Ward h

(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

SEX	4. COLOR OR RACE		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	
	<u>Female</u>	<u>Black</u>	<u>Married</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>h</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 21 - 1900</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>32</u>	<u>2</u>	<u>12</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>h</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>h</u>			
	10. Date deceased last worked at this occupation (month and year) <u>h</u>		11. Total time (years) spent in this occupation <u>h</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cape Girardeau Mo.</u>				
FATHER	13. NAME <u>Robert Mellon</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Arkansas Mo.</u>			
MOTHER	15. MAIDEN NAME <u>Archie Mellon</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cape Girardeau Mo.</u>			
17. INFORMANT (ADDRESS) <u>Archie Mellon, 573 Rear So. Franklin</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>h</u> DATE <u>Oct 4 1932</u>				
19. UNDERTAKER (ADDRESS) <u>h</u>				
20. FILED <u>1074</u> 19 <u>32</u> <u>h</u> Registrar <u>h</u>				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 3 1932

22. I HEREBY CERTIFY, That I attended deceased from 9/27 1932 to 10/3 1932

I last saw her alive on Sept 27, 1932 Death is said to have occurred on the date stated above, at 11 AM

The principal cause of death and related causes of importance were as follows:
17910
Myocardial Pain
Myocardial Infarction
Hyaline Degeneration

Other contributory causes of importance:
h

Name of operation h Date of h

What test confirmed diagnosis? h Was there an autopsy? h

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

Manner of injury h
Nature of injury h

24. Was disease or injury in any way related to occupation of deceased? h
If so, specify h

(Signed) R. P. Dalton, M. D.
(Address) h

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 28 1932

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Cape Girardeau

Township

City St. Louis (No.) St. Ward)

Registration District No. 125

Primary Registration District No. 3009

File No. [REDACTED]

Registered No. 237

2. FULL NAME

Ethel L. Mellon

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX

F

4. COLOR OR RACE

Cal

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

S.

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

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

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

OCCUPATION

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

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

19.

19. UNDERTAKER (ADDRESS)

20. FILED

12/12/32 W. Kaempfer Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 3 - 1932

22. I HEREBY CERTIFY, That I attended deceased from

....., 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at..... m.

The principal cause of death and related causes of importance were as follows:

Mercurial Poison Date of onset

Accident

Hypertension

Other contributory causes of importance:

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

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.

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

A. in plain terms, so that it may be properly classified.

CAUSE

31626