

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

Do not use this space.

3040

**1. PLACE OF DEATH**

County Jackson

Registration District No. 389

Township Spaw

Primary Registration District No. 100

City St. Louis No. 1534 E. 51st St

File No. \_\_\_\_\_

Registered No. 591

St. \_\_\_\_\_ Ward) \_\_\_\_\_

**2. FULL NAME**

Mrs. Ruby Catherine Melton

(a) Residence, No. 1534 E. 51st 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. da. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Fe. 4. COLOR OR RACE wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 6. 1893

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 40 0 28

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

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) Smithton Mo.

13. NAME James. Pruigen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

15. MAIDEN NAME Mary Cook

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

17. INFORMANT (ADDRESS) Sidney K. Melton

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Smithton Mo.

19. UNDERTAKER (ADDRESS) Cydon Funeral Home

20. FILED 2/5 1933 M. M. Brown Asst. Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 4 1933

22. I HEREBY CERTIFY That I attended deceased from Nov 26 1932 to Feb 4 1933

I last saw him alive on Feb 2nd 1933 Death is said to have occurred on the date stated above, at 7:45 p. m.

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

Encephalitis lethargica Date of onset 11-20-32

Other contributory causes of importance: myo carditis, acute 1-5-33

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? Laboratory Was there an autopsy? No

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) W. H. Lane M. D. (Address) 824 Realto Bldg. K. C. Mo.

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.

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Ralls Pldg main 3154