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.

9434

389

1 B 6 0 2

File No. .....

Registered No. D 1577

1. PLACE OF DEATH

County: Jackson

Township: Kaw

City: Kansas City (No. 2446 Vine St. ..... Ward)

Registration District No. .....

Primary Registration District No. .....

2. FULL NAME: Oliver Mellon

(a) Residence, No. 2446 Vine St., ... Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Colored

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~: Louise Mellon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 1 1884

7. AGE: Years 48 49 | Months 6 9 | Days 29 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year): 1930

11. Total time (years) spent in this occupation: 5

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Gibson Louisianna

FATHER

13. NAME: Pat Mellon

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Gibson Louisianna

MOTHER

15. MAIDEN NAME: Amy Thomson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Gibson Louisianna

17. INFORMANT (ADDRESS): Mrs Louise Mellon 2446 Vine

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Highland DATE: April 8 1933

19. UNDERTAKER (ADDRESS): Adkins Bryker 27 Euclid

20. FILED: Apr 6 1933 M. M. Grove Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from 3/29/ 1932 to 3/31/ 1933

I last saw him alive on 3/30/ 1933. Death is said to have occurred on the date stated above, at 7:30 P.M.

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

	Date of onset
Intracranial Hemorrhage — Apoplexy	9 mos

Other contributory causes of importance: None

Name of operation: None Date of .....

What test confirmed diagnosis? None 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) [illegible] M.D.

(Address) 2229 [illegible]