

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

Do not use this space.

10726

1. PLACE OF DEATH

County Ralls Co Mo
 Township Waver
 City Waver (No. 1)

Registration District No. 725
 Primary Registration District No. 5-960-C

File No. _____
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-26-1895

7. AGE YEARS 37 MONTHS 4 DAYS 15 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife with
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. mother
 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) Ralls Co Mo

FATHER 13. NAME Chas O Melder

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

MOTHER 15. MAIDEN NAME Jessie Adams

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

17. INFORMANT (ADDRESS) O O Melder

18. BURIAL, CREMATION, OR REMOVAL PLACE Waver DATE 3/7/33 19

19. UNDERTAKER (ADDRESS) Oyas B Hulen

20. FILED 3-25-1933 J. T. Howard Registrar.

2 MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1932 to March 21, 1933

I last saw him alive on Dec 10, 1932 Death is said

to have occurred on the date stated above, at 11 P.M.

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

Stroke of Heart -
92A 92B
95B

Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? Cyanide 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 _____, 1933

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) J. M. Memon, M. D.
 (Address) Waver Mo

