

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

JUN 26 1933

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

Do not use this space.

16897

1. PLACE OF DEATH
 County Jasper Registration District No. 411
 Township Jasper Primary Registration District No. 7002
 City Jasper (No. 1115 Sq.) St. _____ Ward _____
 2. FULL NAME Charles Melton
 (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.

File No. 201
 Registered No. _____
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3 MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (with the word) single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 18 1920
 7. AGE YEARS 12 MONTHS 6 DAYS 21 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. schoolboy
 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 2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5. 20 33
 22. I HEREBY CERTIFY, That I attended deceased from April 24, 1933, to May 20, 1933
 I last saw him alive on 17 May, 1933. Death is said to have occurred on the date stated above, at 5 a. m.
 The principal cause of death and related causes of importance were as follows:
Acute indigestive complicated with fatty heart keton deting from an inflammatory inflammation attack when he was 8 years old.
 Other contributory causes of importance:
1115 118

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jacena Kas
 13. NAME Ray Melton
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jacena Kas
 15. MAIDEN NAME Mae Mitchell
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jacena Kas
 17. INFORMANT Charles Melton
 (ADDRESS) _____
 18. BURIAL, CREMATION, OR REMOVAL PLACE Hornet DATE 5/24 33
 19. UNDERTAKER (ADDRESS) Hornet
 20. FILED 5/20 1933 Person Clark Registrar

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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 _____, 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? _____
 If so, specify _____
 (Signed) Dr. O. M. Strickland M. D.
 (Address) 515 - Frisco Bldg.

