

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

Do not use this space.

17514

1. PLACE OF DEATH

County Randolph
Township Jackson
City..... (No. St. Ward)

Registration District No. 734
Primary Registration District No. 5968

File No.
Registered No.

2. FULL NAME Melissa Terrill

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 2nd 1846

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
86 10 4

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

13. NAME Greenup Jones

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

15. MAIDEN NAME Nancy Stevenson

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

17. INFORMANT Dr. W. Terrill (ADDRESS) Benick, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Union DATE May 15th 1933

19. UNDERTAKER Mahan 2nd Son (ADDRESS) Moberly Mo.

20. FILED Aug 20 1933 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 13th 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar 1, 1933, to May 13, 1933. I last saw her alive on May 13, 1933. Death is said to have occurred on the date stated above, at 6:30 a.m.

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

Senility & Grief from loss of husband 2 yrs ago.

Other contributory causes of importance:

162 / 62

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? no
If so, specify.....

(Signed) John P. Allen, M. D. (Address) Benick, Mo.

CLOSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT.

AUG 23 1933

