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.

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

Do not use this space.

36799

1. PLACE OF DEATH
County Jackson — Registration District No. 359 — File No. 4733
Township Kaw — Primary Registration District No. 1004 — Registered No.
City Kansas City Mo. (No. 6336 Morning Side Drive St. Ward)

2. FULL NAME James H Mellody
(a) Residence, No. 6336 Morning Side St. Drive 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

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ida Mellody

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 16 1879

7. AGE: YEARS 54 — MONTHS 2 — DAYS 13 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Banker
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): Virginia City Nevada

FATHER
13. NAME: Patrick Mellody
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

MOTHER
15. MAIDEN NAME: Bridget Flanigan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

17. INFORMANT (ADDRESS): Ida Mellody 6336 Morning Side Drive

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE 12/2 33

19. UNDERTAKER (ADDRESS): Mellody-McGillen K C Mo

20. FILED 12/2 1933 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov 29 1933

22. I HEREBY CERTIFY, That I attended deceased from January 1933, to November 29, 1933
I last saw him alive on Nov 28, 1933. Death is said to have occurred on the date stated above, at 7 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary sclerosis	—
94B	
112	

Other contributory causes of importance:

Coronary occlusion	Jan 33
Bronchial asthma	1920

Name of operation ✓ Date of ✓
What test confirmed diagnosis? ✓ Was there an autopsy? Yes

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) P. T. Bohan, M. D.
(Address) 906 Med Arts Bldg. K C Mo.