

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

Do not use this space.

1. PLACE OF DEATH

County Miller
 Township Saline
 City Olean (No. _____)

Registration District No. 561
 Primary Registration District No. 57530

File No. 17450
 Registered No. 35
 St. _____ Ward _____

2. FULL NAME

Virginia A 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 John C. Melton.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 19, 1862

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>72</u>	<u>4</u>	<u>12</u>	

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 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) Osage Co Mo

MOTHER FATHER 13. NAME Thomas Holloway

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

MOTHER 15. MAIDEN NAME Raney Boulware

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

17. INFORMANT Edgar Melton (ADDRESS) Olean, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Juscomb DATE 6-1 1934

19. UNDERTAKER Phillips Funeral Home (ADDRESS) Olean, Mo

20. FILED 5-31 1934 Belle Haynes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 31, 1934

22. I HEREBY CERTIFY, That I attended deceased from 5717, 1934, to 5731, 1934

I last saw him alive on 5717, 1934. Death is said to have occurred on the date stated above, at 8:45 A.

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

138
Alreucci
138 B 132 a
 Date of onset 5/17/34
 2. Other contributory causes of importance:
Bright's disease of the lungs

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical. Was there an autopsy? No

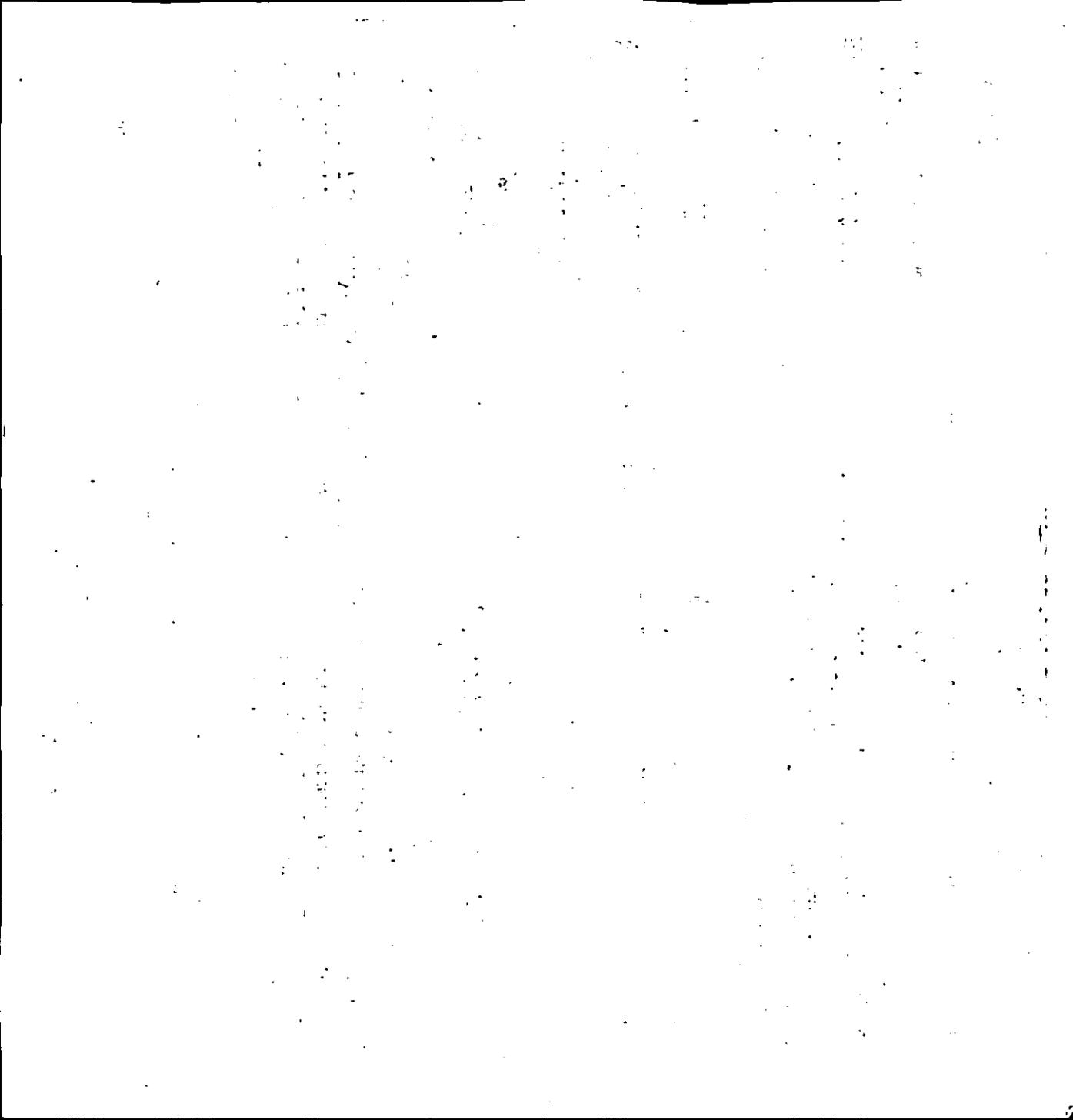
23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____

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) H. D. Walker, M. D.
 (Address) Olean Mo.



#2 Miller

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

17450

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.

WASHINGTON

35-

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Virginia A. Melton
Who died at _____ on May - 31 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex F Color or race W Single, married, widowed or divorced: _____

Date of birth _____ Age: Years 72 Months 4 Days 12

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month _____ Year _____
Birthplace (State or country) _____
Birthplace of father (State or country) _____
Birthplace of mother (State or country) _____

Principal cause of death: Uremia
Bright's disease was chronic. Duration not known

Other contributory causes of importance Bright's Disease of Kidneys

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
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 _____
Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
Name of physician _____
Address of physician _____

X Signature of Registrar Belle Haynes X

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 561 Very truly yours,

Primary Reg. Dist. No. 5755B E. T. McGaugh, M.D.
Special Agent.

RECEIVED

21 10 1950

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S-17450

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