

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

Do not use this space.

JUN 29 1934

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 125

Township Cape Girardeau Primary Registration District No. 3009

City St. Francois (No. 539 So. Medwick) St. _____ Ward _____

File No. 19715

Registered No. 81 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 539 So. Medwick 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 Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single (write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 8, 1934

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

22. I HEREBY CERTIFY That I attended deceased from May-24th 34 to June 8th 34

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 3 - 1890

I last saw him alive on June 1st 34 Death is said to have occurred on the date stated above, at 4:45 P.M.

7. AGE YEARS 44 MONTHS 2 DAYS 6 If LESS than 1 day, _____ hrs. or _____ min.

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

Parenchymatous Nephritis

Date of onset

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

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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 _____

Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) Whitewater Missouri (STATE OR COUNTRY)

13. NAME Bob Mellon

Name of operation Urinary Analysis Date of _____
What test confirmed diagnosis _____ Was there an autopsy? _____

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

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)

15. MAIDEN NAME Antie Holmes

Specify whether injury occurred in industry, in home, or in public place. _____

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

Manner of injury _____ Nature of injury _____

17. INFORMANT Antie Mellon (ADDRESS) 539 So. Medwick St.

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

18. BURIAL, CREMATION, OR REMOVAL Cemetery PLACE St. Francois DATE June 11, 1934

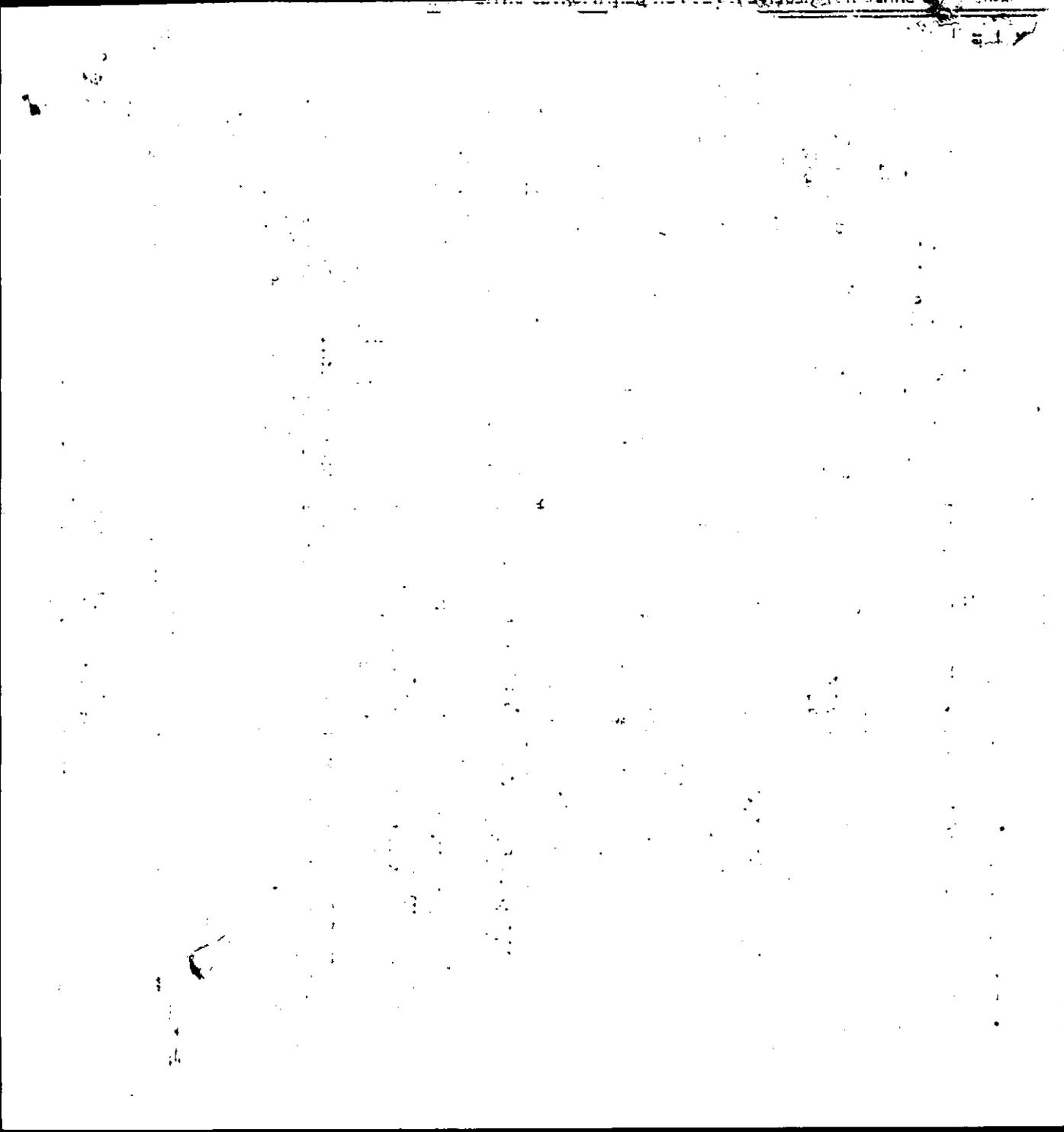
(Signed) John D. Porterfield, M. D.

19. UNDERTAKER Trinkoff - Howell (ADDRESS) Cape Girardeau Mo

(Address) _____ Registrar.

20. FILED 6-11-34 19 34 J.M. Thompson

CAUSE OF DEATH in plain terms, so that it may be properly classified.



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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH
 County Page Registration District No. 125
 Township Guardeane Primary Registration District No. 3009
 City Lonnie Mellon (No. _____) St. _____ Ward _____
 2. FULL NAME Lonnie Mellon
 (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. _____
 Registered No. _____
 _____ Ward

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED D
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
 7. AGE YEARS 44 MONTHS 2 DAYS 6 If LESS than 1 day, _____ hrs. or _____ min.

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

FATHER
 13. NAME _____

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

MOTHER
 15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL
 PLACE _____ DATE _____ 19 _____

19. UNDERTAKER (ADDRESS) _____

20. FILED _____ 19 _____
[Signature]
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 8, 1934

22. I HEREBY CERTIFY That I attended deceased from _____ to _____, 19____
 I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the _____ at _____ m.

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

Pericarditis
(CHRONIC)
nephritis
 Date of onset _____

Other contributory causes of importance: _____

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) _____, M. D.

(Address) _____

SUPPLEMENTARY

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S-19715