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.

JUN 29 1934

1. PLACE OF DEATH County: Christian — Registration District No.: 184
Township: — Primary Registration District No.: 4110
City: Ozark, Mo. (No. ..... St. ..... Ward)

File No.: 19827
Registered No.: 20

2. FULL NAME: Reuben E. 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: 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~~: Nell Melton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 29 1889

7. AGE: Years 44 — Months 9 — Days 8 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Postal Carrier
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Rural Mail Carrier
10. Date deceased last worked at this occupation (month and year): May 30-1934
11. Total time (years) spent in this occupation: 10 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

FATHER

13. NAME: Will Melton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

MOTHER

15. MAIDEN NAME: Mary Handy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

17. INFORMANT (ADDRESS): Max Melton, Ozark, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Ozark, Mo. DATE: June 9 1934 — I.O.O.F. Cemetery

19. UNDERTAKER (ADDRESS): T. B. Chaffin, Ozark, Mo.

20. FILED: June 22 1934 — Loretta Leonard, Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 7 1934

22. I HEREBY CERTIFY That I attended deceased from May 31, 1934, to June 7, 1934.
I last saw him alive on June 7, 1934. Death is said to have occurred on the date stated above, at 4:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	May 31 1934
11 A	
10 B	

Other contributory causes of importance: Flue for 2 weeks

Name of operation: None — 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) J. H. Hale, M. D.
(Address) Ozark Mo.