

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

Do not use this space.

**1. PLACE OF DEATH**

County Buchanan Registration District No. 33  
 Township St. Joseph Primary Registration District No. 1001  
 City St. Joseph (No. Mercy Hospital) St.            Ward           

23320

File No.             
 Registered No. 827

**2. FULL NAME**

Ethil S. Meltabarger

(a) Residence, No. 1327 So. 17th St. 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 Carric H. Meltabarger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar, 23, 1886

|        |       |        |      |                                  |
|--------|-------|--------|------|----------------------------------|
| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, hrs. or min. |
|        | 48    | 3      | 26   |                                  |

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) Harrison Co., Mo.

MOTHER / FATHER 13. NAME Thos. J. Foster

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

15. MAIDEN NAME Mary Wilkerson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Centerville, Iowa

17. INFORMANT Carric H. Meltabarger  
 (ADDRESS) 1327 So. 17th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park Cem. DATE July 21, 1934

19. UNDERTAKER Walter Meicholder  
 (ADDRESS) 1302 Aaron St., St. Joseph, Mo.

20. FILED 7-21-34 John R. Benders  
 Registrar

**5 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July, 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1934, to July 17, 1934.  
 I last saw her alive on July 19, 1934. Death is said to have occurred on the date stated above, at 11:15 P. M.

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

acute Nephritis!  
SAB  
ABC  
JAC

Other contributory causes of importance:  
Chronic Myocarditis  
Uterine Myoma

Name of operation Hysterectomy Date of operation July 15, 1934  
 What test confirmed diagnosis?            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           

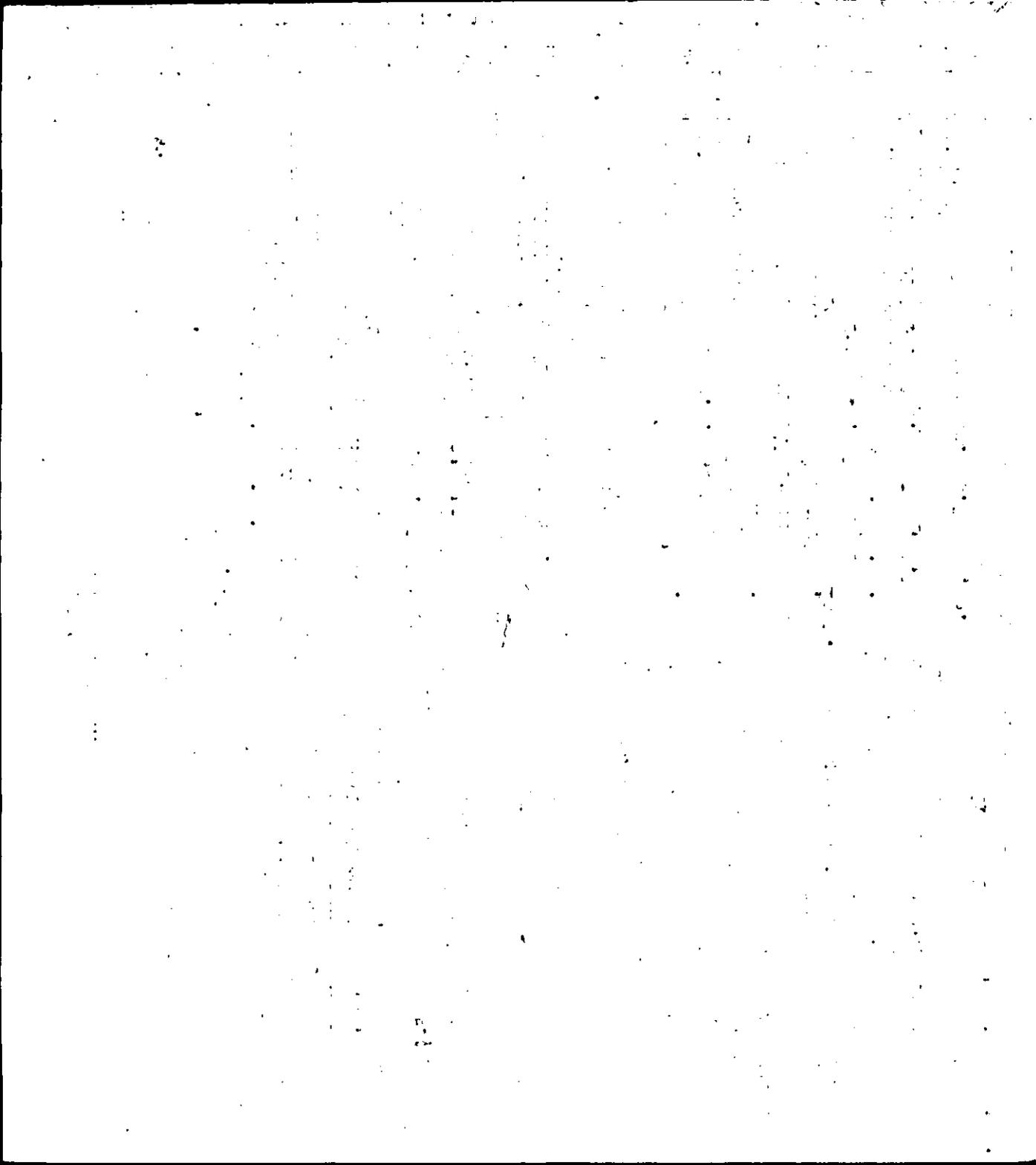
24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify             
 (Signed) Dr. M. J. Benders, M. D.  
 (Address) Kirkpatrick Bldg. St. Joseph, Mo.

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.

AUG 31 1934

2135



#2

*St. Joseph.*

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

WASHINGTON

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

827

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: Ethel S Meltabarger  
Who died at Mercy Hospital on July - 19 - 1934  
Residence: No. \_\_\_\_\_ St. \_\_\_\_\_  
(If nonresident, city or town)

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

Date of birth \_\_\_\_\_ Age: Years 48 Months 3 Days 26

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: acute nephritis, cause retention of nitrogen - Azotemia

Other contributory causes of importance: Chr myocarditis. Uterine myoma not malignant

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 \_\_\_\_\_

Signature of Registrar John R. Bender Date filed \_\_\_\_\_

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.

Very truly yours,

Reg. Dist. No. 85

Primary Reg. Dist. No. 1001

*E. T. McLaughlin, M.D.*  
Special Agent.

UNITED STATES DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION  
WASHINGTON, D. C. 20535

A A

MEMORANDUM FOR THE DIRECTOR  
FROM: SAC, [illegible]  
SUBJECT: [illegible]

[illegible text]

S-23320

[illegible text]

[illegible text]