

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.

34483

OCT 11 1934

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis (No. 7048, Permod on)

File No.....
 Registered No. 9287
 St. Ward)

2. FULL NAME

Nancy J. Melorn
 (a) Residence, No. 7048 Permod St., 3 Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 12 - 1850
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
84 6 7

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

MOTHER 13. NAME Geo. Blanders

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

15. MAIDEN NAME Elizabeth Crocker

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

17. INFORMANT Tom Joe Long (ADDRESS) 7048 Permod on

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Fernon Ill. DATE 9/21-1934

19. UNDERTAKER East E. Emberton (ADDRESS) 4234 Permod on

20. FILED P 20 1934 J. Brebeck Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1934, to Sept 19, 1934. I last saw her alive on Sept 18, 1934. Death is said to have occurred on the date stated above, at 1:30 A.M.

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

Myocarditis Chronic Arterio Sclerosis
931
 Other contributory causes of importance: _____
Myocarditis chronic Arterio Sclerosis
 Date of onset Aug 8, 1934

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

23. If death was due to external causes (violence), fill in also the following: no
 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 none
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) W. M. Gibson, M. D.
 (Address) 4337 Washington Blvd

