NOV 16 1934

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

Do not use this space.

File No. 35355

Registered No.

1. PLACE OF DEATH
County: Butler
Township: Mills Bluff
City: (No. , St. Ward)
Registration District No. 92
Primary Registration District No. 5137

2. FULL NAME: J C Mellon
(a) Residence, No. near Fagus 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: M.
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ada Mellon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 24 1882

7. AGE: Years 52 | Months 3 | Days 23 | If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farming
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): 1934
11. Total time (years) spent in this occupation:

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

FATHER
13. NAME: Frank Mellon
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

MOTHER
15. MAIDEN NAME: Martha Mathis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

17. INFORMANT (ADDRESS): Ada Mellon

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Gravel Hill ark DATE: Oct 18, 1934

19. UNDERTAKER (ADDRESS): Landers & Son Campbell Mo

20. FILED: 11-10, 1934 Scott Cash Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1934, to October 8, 1934
I last saw him alive on October 8, 1934. Death is said to have occurred on the date stated above, at 3:10 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of the bladder	May 1 1934
51B	

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) J. W. Hoffman, M. D.
(Address) Poplar Bluff, Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD