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.

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DEC 27 1934

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

Do not use this space.

1. PLACE OF DEATH
County Reynolds — Registration District No. 746 — File No. 40447
Township Carroll — Primary Registration District No. 5 7 1 7 1 3 — Registered No.
City ..... (No. ..... , ..... St. ..... Ward)

2. FULL NAME Melvin Middleton

(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: m
4. COLOR OR RACE: w
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 26 1930

7. AGE — YEARS — MONTHS 7 — DAYS 10 — 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) Reynolds Co Mo

FATHER
13. NAME Otto Middleton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iron Co Mo.

MOTHER
15. MAIDEN NAME Else Brooks
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Reynolds Co Mo

17. INFORMANT (ADDRESS) Otto Middleton Centerville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hill Cemetary DATE Nov 6 1930

19. UNDERTAKER (ADDRESS) none

20. FILED Dec 7 1934 Lucy Bowles Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 5 1930

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1930, to Nov 5, 1930
I last saw him alive on Nov 5, 1934. Death is said to have occurred on the date stated above, at 6 P.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchitis Pneumonia | |
| 107A | |
| 106A | |

107A

Other contributory causes of importance:
Sudent Cold in chest

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. B. Pyrtle, M. D.
(Address) Centerville Mo.