JUL 22 1935

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

Do not use this space.

19952

1. PLACE OF DEATH
County JACKSON — Registration District No. 399 — File No.
Township ~~KAW~~ — Primary Registration District No. 1002 — Registered No. 2597
City KANSAS CITY (No. THOMAS CARLISLE APTS - 700 - WARD PARKWAY Ward)

2. FULL NAME JOHN A MELTON
(a) Residence, No. 700 WARD PARKWAY St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 29 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~~ MRS. IDA W. MELTON

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APRIL-26-1861

7. AGE: YEARS 74 — MONTHS 2 — DAYS 0 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. INSURANCE
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) 1931
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) TENNESSEE

FATHER
13. NAME ELISA MELTON
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NORTH CAROLINA

MOTHER
15. MAIDEN NAME ANNIS CRABTREE
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) VIRGINIA

17. INFORMANT MRS. IDA W. MELTON (ADDRESS) 700 WARD PARKWAY

18. BURIAL, CREMATION, OR REMOVAL PLACE MT. MORIAH DATE JUNE-28, 1935

19. UNDERTAKER D. W. NEWCOMER'S SONS (ADDRESS) 2111 - EAST - 9TH ST.

20. FILED 6/26, 1935 M. M. Crosby Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUNE-26, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 10th 1935, to June 26, 1935
I last saw him alive on June 25, 1935. Death is said to have occurred on the date stated above, at 2:00 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	6/1/33

Other contributory causes of importance: Unknown

46

Name of operation No — Date of
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? No — 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) Paul V. O'Rourke, M. D.
(Address) 1402 Bryant Bldg

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.

1462. Bryant Bldg.
1:30-5:30