

OCT 23 1935

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

Muesel
Do not use this space

29281

1. PLACE OF DEATH

County Greene Registration District No. 318
Township Springfield Primary Registration District No. 2901
City Springfield, (No. Oppel St. East) St. _____ Ward _____

File No. _____
Registered No. 461

2. FULL NAME

Mellie Mae Essick
(a) Residence, No. 837 So. Garrison 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 <u>Female</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Harvey T. Essick</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 29 1907</u>		
7. AGE YEARS <u>28</u>	MONTHS <u>5</u>	DAYS <u>26</u>
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. <u>Housewife</u>		
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) <u>Christian County Mo.</u>		
13. NAME <u>Jake Henry</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Indiana</u>		
15. MAIDEN NAME <u>Martina Davis</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Christian County Mo.</u>		
17. INFORMANT <u>Jake Earl Henry</u> <u>837 So. Garrison</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Highlandville Mo.</u> DATE <u>9-27-35</u>		
19. UNDERTAKER <u>N. Wolmeyer</u> <u>Springfield, Mo.</u>		
20. FILED <u>9-27-35</u> <u>R. W. Ferguson</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from AUG. 22, 1935 to 9, 25, 1935
I last saw her alive on 9, 25, 1935 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:
9, 24, 1935
Pneumonia, Lob.
108
Other contributory causes of importance:
Asthenia

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. Muesel, M. D.
(Address) Springfield, Missouri

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.

