

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

Do not use this space.

33688-1

JEC 20 1935

1. PLACE OF DEATH

County Ball
Township Clayton
City Wentzville (No. 3424)

Registration District No. 728
Primary Registration District No. 5961
Wentzville (No. 3424)

File No. _____
Registered No. 2000 Ward 5

2. FULL NAME

(a) Residence, No. 3424 Wentzville Mo. 5 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>Male</u>	4. COLOR OR RACE <u>White</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>Eva Melloway</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 29, 1879</u>		
7. AGE YEARS <u>56</u>	MONTHS <u>6</u>	DAYS <u>28</u>
If LESS than 1 day, hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Carpenter</u>
	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)
Boone Co Mo.

FATHER
13. NAME Geo Melloway

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Mo

MOTHER
15. MAIDEN NAME Margaret Dentry

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

17. INFORMANT (ADDRESS)
Mrs. Eva Melloway
Hannibal Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE
St. Vincent Cemetery 10-27-35

19. UNDERTAKER (ADDRESS)
James Doyne
Hannibal Mo

20. FILED 10-27-35 19. 35 Maxine Short
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Sept 19 1935 to Oct 25, 1935
I last saw him alive on Oct 25, 1935 Death is said to have occurred on the date stated above, at 11:30 pm.

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

Carotid thrombosis
46

Other contributory causes of importance:
Fracture of
vertebrae

Name of operation exploratory Date of 11-6-35
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. H. Johnson M. D.
(Address) 1001 Polk Ave

WRITE PLAINLY, WITHOUT FADING 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.

