

APR 22 1936

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

Do not use this space.

11719

1. PLACE OF DEATH

County New MadridRegistration District No. 604

File No.

TownshipPrimary Registration District No. 4356

Registered No.

City Madison

(No.)

St. Ward)

2. FULL NAME

Tennessee H. Melchore

(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

female

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

John Melchore

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

1867-2-7

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

about 69120

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

House Work

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)

Middle Tenn.

13. NAME

Crofford Gowen

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

Unk

15. MAIDEN NAME

Unk

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

Unk

17. INFORMANT (ADDRESS)

Geo. Gowen
Madison Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mount. Ryd. roadDATE March 27, 1936

19. UNDERTAKER (ADDRESS)

Richards Hud Co.
New Madrid, Miss

20. FILED

41, 1936 WMO Pannan

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 27, 193622. I HEREBY CERTIFY, That I attended deceased from March 22, 1936, to March 27, 1936.I last saw him alive on March 25, 1936. Death is said to have occurred on the date stated above, at 1 a.m.

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

Intestinal obstruction -
(From Int. perforation)

Date of onset

Other contributory causes of importance:

Name of operation Spinal Stenosis Date ofWhat test confirmed diagnosis? Spinal Stenosis Was there an autopsy? No

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? No

If so, specify

(Signed) W. D. Digger M. D.(Address) New Madrid Mo

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

100M-11-24-33

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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