

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

Do not use this space.

13900

**MAY 15 1936**

**1. PLACE OF DEATH**

County Adair Registration District No. 4  
Township \_\_\_\_\_ Primary Registration District No. 3.001  
City Kirksville (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 83

**2. FULL NAME**

Mrs. Melissa Edie  
(a) Residence, No. 516 E. Washington St., \_\_\_\_\_ Ward. Kirksville, Missouri  
(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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 15, 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
77 3 24

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home  
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) Powersville, Mo

MOTHER 13. NAME Matthew Crawford

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

15. MAIDEN NAME Mary Ann Foughty

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

17. INFORMANT (ADDRESS) Joseph W. Thompson  
Kirksville Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Samson DATE Apr 11 1936

19. UNDERTAKER (ADDRESS) J. H. Baker  
Samson

20. FILED Apr 10 1936 Spencer Freeman  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 25, 1936, to April 9, 1936

I last saw him alive on April 9, 1936. Death is said to have occurred on the date stated above, at 10:10 p.m.  
The principal cause of death and related causes of importance were as follows:

Influenza,  
(Broncho-pneumonia)

Date of onset  
3-25-36

Other contributory causes of importance: \_\_\_\_\_

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? No  
If so, specify \_\_\_\_\_  
(Signed) W. J. Reeves D. O., M. D.  
(Address) 502 So. City

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.

