

AUG 24 1936

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

Do not use this space.

26652

1. PLACE OF DEATH

County Jackson
Township Jackson
City Kansas City (No. K.C. Gen. Insp.)

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. 3323
St. _____ Ward) _____

2. FULL NAME

Joseph Melta
(a) Residence, No. 5 - 8 Main 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>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 2 1861</u>				
7. AGE	YEARS <u>75</u>	MONTHS <u>5</u>	DAYS <u>9</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>none</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 _____
MOTHER FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>			
	13. NAME <u>Joseph Melta</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>			
	15. MAIDEN NAME <u>As known</u>			
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>			
	17. INFORMANT (ADDRESS) <u>Dr. W. C. Gen. Insp. 520</u>			
18. BURIAL, CREMATION, OR REMOVAL				
PLACE <u>Lead Mt.</u> DATE <u>7/17</u> 19 <u>36</u>				
19. UNDERTAKER (ADDRESS) <u>Gen. Insp. & Co.</u>				
20. FILED <u>July 16, 1936</u> <u>M. M. Brown</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-11-1936

22. I HEREBY CERTIFY, That I attended deceased from 4-24, 1936, to 7-11, 1936.
I last saw him alive on 7-11, 1936. Death is said to have occurred on the date stated above, at 12:45 PM.
The principal cause of death and related causes of importance were as follows:
Ch. Fibrous Myocarditis
Coronary Sclerosis
Hypertensive Bronchopneumonia
Other contributory causes of importance:
Ch. Arteriosclerotic
neplasia 121

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. H. Gen. Insp. M. D.
(Address) 520

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.

