

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

Do not use this space.

47155

**1. PLACE OF DEATH**

County.....  
Township.....  
City St. Louis (No. 791)  
Registration District No. 791  
Primary Registration District No. City Hospital No. 21003

File No.....  
Registered No. 290  
St. .... Ward)

**2. FULL NAME**

Betty Melton  
(a) Residence, No. 2312 Chouteau St. 22 Ward.

(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 17 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 Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hra. or .....min.  
About 90

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home  
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) Miss.

FATHER 13. NAME ?

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

MOTHER 15. MAIDEN NAME Polly House

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

17. INFORMANT Ruby Perdeau  
(ADDRESS) 2945 Lawton

18. BURIAL, CREMATION, OR REMOVAL PLACE Father Dickson DATE 1-8-37 19..

19. UNDERTAKER F. L. GARVIER  
(ADDRESS) 2829 Washington Ave

20. FILED JAN 8 1937 J. Bredbeck Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12 - 30 - 19 36

22. I HEREBY CERTIFY, That I attended deceased from 12 - 23 - 1936, to 12 - 30 - 1936  
I last saw h. er alive on 12 - 30 - 1936 Death is said to have occurred on the date stated above, at 5:25 P. M.  
The principal cause of death and related causes of importance were as follows:

Mitral Stenosis Date of onset 12-23-36

Other contributory causes of importance:  
Name of operation..... Date of.....  
What test confirmed diagnosis? Clinical Was there an autopsy? Yes

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 J. Owen Blache, M. D.  
(Signed) J. Owen Blache  
(Address) 2945 Lawton

WRITE PLAINLY, WITH UNFADING 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.

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