

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

FEB 25 1937

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1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1002
 City Kansas City, Mo. (No. 2201) 6 29 Street 1/2 St. _____ Ward _____

2. FULL NAME Mrs. Melina Ann Eade

(a) Residence, No. 2201 East 29th St. Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX ♀ 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 29, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from Jan 27, 1937, to Jan 29, 1937

I last saw her alive on Jan 29, 1937. Death is said to have occurred on the date stated above, at 10:20 P.M.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 22 - 1857

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
79 2 7

Date of onset

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 4

Chronic Myocarditis

Other contributory causes of importance:

Hypertension

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greenville Mo.

13. NAME Sherlock E. Eade

Name of operation none Date of _____

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

What test confirmed diagnosis? _____ Was there an autopsy? no

15. MAIDEN NAME Elizabeth Brown

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

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

Where did injury occur? _____ (Specify city or town, county, and State)

17. INFORMANT Mrs. Harry Tomlinson (ADDRESS) 2201 East 29th

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenlawn DATE 2/1/37

Manner of injury _____ Nature of injury _____

19. UNDERTAKER Bentley Mortuary (ADDRESS) 5811 East Ave

24. Was disease or injury in any way related to occupation of deceased? no

20. FILED Jan 30, 1937 M.M. Crowl reg. Registrar.

If so, specify _____

(Signed) J. G. Gonsky, M. D.
 (Address) 802 So. W. Blvd

Dr. H. J. Gonzalez

P.O. 2 S. W. Blvd. / No. 0856