

AUG 24 1937

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

Do not use this space.

1. PLACE OF DEATH

48 County Jackson
Township Blue
City Washington

Registration District No. 398Primary Registration District No. 5554File No. 27425Registered No. 265 St. _____ Ward)

2. FULL NAME

(a) Residence, No. 204 So Hawthorne Ward. _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Carrie Mellon
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 7 1850
7. AGE YEARS 87 MONTHS 4 DAYS 1 IF LESS than 1 day, _____ hrs. _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brick Layer
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) Island of Jersey England13. NAME John Mellon14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mass15. MAIDEN NAME Martha Mudge16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England17. INFORMANT (ADDRESS) John D. Mellon 204 So. Hawthorne18. BURIAL, CREMATION, OR REMOVAL PLACE Union Cem DATE 8-11-193719. UNDERTAKER (ADDRESS) Mrs. J. L. ...20. FILED 8-12-1937 - F. L. Colak Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 8 193722. HEREBY CERTIFY, That I attended deceased from Aug 1 1937 to Aug 7 1937I last saw him alive on Aug 7 1937 Death is said to have occurred on the date stated above, at 5:00 p.m.

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

Senility
Bronchial Pneumonia

Other contributory causes of importance:

Senility
1070

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 _____, 1937

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) Fred W. ... M. D.(Address) Fairmont, Mo

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.

L. 16 Frank

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