

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.

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

Do not use this space.

SEP 16 1937

1. PLACE OF DEATH

County Christian

Registration District No. 184

Township St. Lynn

Primary Registration District No. 5257

City

St.

Ward)

File No. 30419

Registered No. 23

2. FULL NAME

Bessie Naomi Melton

(a) Residence, No. _____

St. _____

Ward. _____

(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)

Infant

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

Infant

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

June 4th 1937

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Infant

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)

Missouri

13. NAME

Janea Efton Melton

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

Missouri

15. MAIDEN NAME

Ruby Lee Riddick

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

Missouri

17. INFORMANT (ADDRESS)

Ephraim Melton
200 W. 4th St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Spokane

DATE

June 22, 1937

19. UNDERTAKER (ADDRESS)

T. B. Chaffin
200 W. 4th St.

20. FILED

Sept 1, 1937

Luella Leonard
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

June 21, 1937

22. I HEREBY CERTIFY That I attended deceased from

June 20, 1937, to June 21, 1937

I last saw her... alive on June 21, 1937. Death is said

to have occurred on the date stated above, at 29 m.

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

Gastro intestinal infection from cerebral feeding

Date of onset

Other contributory causes of importance:

119B

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) R. P. Farthing, M. D.

(Address) 200 W. 4th St.

