REC'D APR 18 1938

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

Do not use this space.

10601

1. PLACE OF DEATH
County Davies
Township Jamesport
City Jamesport Mo (No. ..... St. ..... Ward)
Registration District No. 25-2
Primary Registration District No. 4152
File No. .....
Registered No. 33

2. FULL NAME Cordia M. Melone 450
(a) Residence, No. ..... 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 F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 30 - 1867
7. AGE YEARS 70 MONTHS 2 DAYS 23 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawrence
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Business
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) Jamesport Mo

FATHER
13. NAME James B. Melone
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wellington Mo

MOTHER
15. MAIDEN NAME Eliza Mann
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wellington Mo

17. INFORMANT (ADDRESS) Edd Melone Jamesport Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Gallatin Mo DATE March 1938
19. UNDERTAKER (ADDRESS) G. L. Roberson Jamesport Mo
20. FILED 3-24 1938 Nelle Wiles Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 23, 1938
22. I HEREBY CERTIFY, That I attended deceased from Mar 7, 1938, to Mar. 21, 1938
I last saw her alive on Mar. 22, 1938 Death is said to have occurred on the date stated above, at 11 13 m.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset 3-8-38

Other contributory causes of importance:
Arteriosclerosis unknown

Name of operation ..... Date of .....
What test confirmed diagnosis clinical Was there an autopsy? No

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? No
If so, specify .....
(Signed) R. V. Thompson, M. D.
(Address) Jamesport, Mo.

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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