

REC'D APR 22 1938

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

11896
Do not use this space.

1. PLACE OF DEATH
 (a) County Randolph
 (b) Township Silver Creek
 (c) City Yates
 (d) Street No. _____
 (e) Length of residence in city or town where death occurred yrs. mos. ds. _____
 (f) How long in U. S., if of foreign birth? yrs. mos. ds. _____

2. PRINT FULL NAME Hiram W Melvin 415
 (a) Residence, No. _____ St. _____
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

731
435 5973
4437

Registered No. 732

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 17 1855

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
83 2 17

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as 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) Pennsylvania

FATHER
 13. NAME Dont Know
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

MOTHER
 15. MAIDEN NAME Dont Know
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

17. INFORMANT Mrs Price Grimsly Yates No.
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cem Higbee DATE March 26 1938

19. FUNERAL DIRECTOR Joe W Burton Higbee No.
 (ADDRESS)

20. FILED March 25 1938 J. W. Winn Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 24 1938

22. I HEREBY CERTIFY, That I attended deceased from Coroner's base
 I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 12:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Natural, but not determined

Date of onset 3-24-38

Other contributory causes of importance: Senility 20018

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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? Yes
 If so, specify Di. J. Strader, Coroner
 (Signed) J. W. Winn, M. D.
 (Address) Mooverly, 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.

STATEMENT BY LICENSED EMBALMER

I, Cortland Minor, Licensed Embalmer No. 3414

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

L. E.

No. _____ or by _____ Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. 3414

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)