

REC'D MAR 16 1939

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

Do not use this space.

1. PLACE OF DEATH

County Clay
Township Fishing River
City Excelsior Springs, Mo.

Registration District No. 196
Primary Registration District No. 3011

File No. 6243
Registered No. 19 St. _____ Ward _____

2. FULL NAME Melvinia Chinn

(a) Residence, No. 414 Benton St. _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 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) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles L. Chinn
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 28 - 1863
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 11 23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
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) Platte Co., Mo.

13. NAME Stephen McComas

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

15. MAIDEN NAME Virginia Byrd

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

17. INFORMANT C. L. Chinn
(ADDRESS) Excelsior Springs, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Platte City, Mo. DATE Feb. 24, 1939

19. UNDERTAKER Robert Hope
(ADDRESS) Excelsior Springs, Mo.

20. FILED 2-27-39 1939 Robert W. Crabb
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 21, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 31, 1939 to Feb. 21, 1939

I last saw h. alive on Feb. 1939 Death is said to have occurred on the date stated above, at 5:74 m.

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

Coronary thrombosis Date of onset Feb. 20, 1939

Other contributory causes of importance: Common cold

Name of operation none Date of _____
What test confirmed diagnosis? physiometer Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no 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) Samuel M. Crabb M. D.

(Address) Excelsior Springs, 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.

WRITE PLAINLY WITH UNWRAPPING INK—THIS IS A PERMANENT RECORD

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3/27/39