

REC'D APR 24 1939

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

9868

Do not use this space.

## 1. PLACE OF DEATH

(a) County Adair Registration District No. 1067  
(b) Township Stamout Primary Registration District No. 3009  
(c) City Garraw (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
(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

(a) Residence, No. \_\_\_\_\_ St.  \_\_\_\_\_ (If nonresident, give city or town and State)  
William Henry Melkins

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 19 1870

7. AGE YEARS 63 MONTHS 6 DAYS 13 If LESS than 1 day, .....hra. or .....min.

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) Iowa

13. NAME Alfred Melkins

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

15. MAIDEN NAME Elyzabeth Lebold

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

17. INFORMANT (ADDRESS) J. V. Wilkins Garraw Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Monticame DATE Mar 21 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. H. McCallum & Sons South Garraw

20. FILE Mar 21 1939 Spencer L. Freeman Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from March 8 1939, to Mar. 20 1939  
I last saw him alive on Mar. 20 1939. Death is said to have occurred on the date stated above, at 3 G. m.

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

Influenza followed by migratory - bronchial pneumonia.

Date of onset

Other contributory causes of importance: HW

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? \_\_\_\_\_

\_\_\_\_\_, specify \_\_\_\_\_

(Signed) W. H. McCallum, M. D.

3 (Address) Novinger

RECEIVED

District Health Officer No. 10

District File Number 10-39-502

Date Filed APR 11 1939

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

....., or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.)**

**If this body is not embalmed, above space should be left blank.**