

FEB 23 1937

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

Do not use this space.

1. PLACE OF DEATH *Stoddard*  
County *New Madrid* Registration District No. *826*  
Township *Como* Primary Registration District No. *6100*  
City (No. *2*) St. \_\_\_\_\_ Ward) \_\_\_\_\_  
Registered No. *34622*

2. FULL NAME *Malinda E. Medlie*  
(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) *Widowed*  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *James M. Medlie*  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *March 13 1852*  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
*84 10 12*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
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) *Madison County*  
(STATE OR COUNTRY) *Missouri*

13. NAME *Albert Kelle*

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

15. MAIDEN NAME *Sally Gager*

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

17. INFORMANT *Claude Medlie*  
(ADDRESS) *Malden Mo.*

18. BURIAL, CREMATION, OR REMOVAL  
PLACE *Bernie* DATE *1-26 1937*

19. UNDERTAKER *J. Hopkins*  
(ADDRESS) *Bernie Mo.*

20. FILED *Jan 30 1937*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan. 20, 1937*  
22. I HEREBY CERTIFY That I attended deceased from *1/20/37* to *5/26/37*, 19\_\_\_\_  
I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
The principal cause of death and related causes of importance were as follows:

*Coronary*  
Date of onset \_\_\_\_\_  
Other contributory causes of importance: *Scurvy*

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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 *no*, 19\_\_\_\_  
Where did injury occur? *no* (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury *no*  
Nature of injury *no*

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify \_\_\_\_\_  
(Signed) *[Signature]* M. D.  
(Address) *Bernie Mo.*

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state non-attendance of cemetery supplied.

827

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

Do not use this space.

1. PLACE OF DEATH  
 County Stoddard Registration District No. 836 File No. 4622  
 Township..... Primary Registration District No. 6100 Registered No.....  
 City Elk (No....., St..... Ward)

2. FULL NAME Malinda E. Mellic  
 (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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
84 10 12

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

MOTHER FATHER  
 13. NAME  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
 15. MAIDEN NAME  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19.....

19. UNDERTAKER (ADDRESS)

20. FILED 1/27 19 37 Flourace Allen Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-25-1937

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to..... 19.....

I last saw alive on..... 19..... Death is said to have occurred on the date stated above, at..... m.

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

Paralysis  
Cerebral neuron  
chopp. Cause not known

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external cause (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) Wm H. Good, M. D.  
 (Address) Bernie mo

SUPPLEMENTARY

N. B.—Every item of information 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.

4622