

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

Do not use this space.

**1. PLACE OF DEATH**

County Henry  
Township Henry  
City Windsor (No. ...., St. .... Ward)

Registration District No. LH 211  
Primary Registration District No. LH 211

File No. 31085  
Registered No. 27

**2. FULL NAME**

James Edwin Melven

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

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>M</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Josie Hudson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 30-1873</u>		
7. AGE	YEARS <u>58</u>	MONTHS <u>7</u>
	DAYS <u>29</u>	IF LESS than 1 day, .... hrs. or .... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	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) <u>Calhoun Missouri</u>		
FATHER	13. NAME <u>Thomas Melvin</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennessee</u>	
MOTHER	15. MAIDEN NAME <u>Anna Elgen</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT <u>Mrs J. E. Melven</u> (ADDRESS) <u>Windsor Missouri</u>		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE	<u>Windsor</u>	DATE <u>9-30-31</u> '19
19. UNDERTAKER <u>HUSTON'S FUNERAL CHAPEL</u> (ADDRESS) <u>Windsor, Missouri</u>		
20. FILED <u>Apr 30 1931</u> <u>H. J. Dominick</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-29 1931

22. I HEREBY CERTIFY, That I attended deceased from 9-29 1931, to 9-29 1931.  
I last saw him alive on 9-29 1931. Death is said to have occurred on the date stated above, at 8 a m.  
The principal cause of death and related causes of importance were as follows:  
Heart failure in  
Renal diet.  
82 H

Other contributory causes of importance:  
J2a

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?..... 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) H. J. Dominick M. D.  
(Address) Windsor 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.

Oct 29 1931

