WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

File No. 16444

Registered No. 1919

1. PLACE OF DEATH
County Jackson — Registration District No. 899
Township Kaw — Primary Registration District No. 1002
City Kansas City (No. 3622 Chestnut St. Ward)

2. FULL NAME Melissa Bell Bales

(a) Residence, No. 3622 Chestnut 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: Fe
4. COLOR OR RACE: Wh.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Sept. 13 - 1859

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 13 1859

7. AGE: Years 73 | Months 7 | Days 19 | If LESS than 1 day, ...hrs. or ....min.

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

FATHER
13. NAME: James Eckles
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Penn.

MOTHER
15. MAIDEN NAME: Rebecca White
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn.

17. INFORMANT (ADDRESS): Jack. W. Reasley, 3622 Chestnut

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mt. Moriah DATE: May 4, 1933

19. UNDERTAKER (ADDRESS): Eylar Funeral Home, K. C. Mo.

20. FILED: May 3, 1933 M. M. Lemore, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 2, 1933 Tuesday

22. I HEREBY CERTIFY, That I attended deceased from Apr 1, 1933, to May 2, 1933
I last saw her alive on May 2, 1933. Death is said to have occurred on the date stated above, at 6.45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious Anemia	1932
Hypostatic Pneumonia	May 1, 1933

Other contributory causes of importance:

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) Edw. H. Hashinger, M. D.
(Address) 1100 Rubrimal Bldg

Dr. Edward H. Hashinger Prof. [illegible]
" " " " 3927 Warwick Blvd Main 1145
West P. 6114

Eylau's
P Li 8118