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.

MAR 24 1936

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

Do not use this space.

7277

1. PLACE OF DEATH
County Ralls
Township Clay
City Oakwood (No. 3424 Moberly Ave St. Ward)
Registration District No. 728
Primary Registration District No. 5961
File No.
Registered No.

2. FULL NAME Eva E. Melloway
(a) Residence, No. 3424 Moberly Ave 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow
5A. IF ~~MARRIED,~~ WIDOWED, OR DIVORCED ~~HUSBAND~~ OF (OR) ~~WIFE~~ OF: Wm Melloway
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 21, 1885
7. AGE: YEARS 50 MONTHS 10 DAYS 29 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House working
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): Mo

FATHER
13. NAME: Joseph Longly
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Arkansas

MOTHER
15. MAIDEN NAME: Laura Davis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

17. INFORMANT (ADDRESS): Mrs. Clara Manquis, Liberty Nebr.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Olivet Cem DATE 2/21/36 19
19. UNDERTAKER (ADDRESS): James O'Donnell, Hannibal Mo.
20. FILED Mar 16 1936 Marvin Short, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 17th, 1936
22. I HEREBY CERTIFY, That I attended deceased from Feb. 16, 1936, to Feb. 17, 1936
I last saw her alive on Feb 17, 1936. Death is said to have occurred on the date stated above, at 7 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2/16/36
9201	

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 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?
If so, specify
(Signed) H B Norton, M. D.
(Address) Hannibal Mo