

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

Do not use this space.

APR 16 1936

9907

1. PLACE OF DEATH

County Cooper Registration District No. 222 File No. 5  
Township Pilot Grove Primary Registration District No. 4135 Registered No. \_\_\_\_\_  
City Pilot Grove (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

John Paul Mellor  
(a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_ (If nonresident, give city or town and State)  
(Usual place of abode)  
Length of residence in city or town where death occurred 6 yrs. - mos. - ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 23 - 1857

7. AGE YEARS 78 MONTHS 7 DAYS 15 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) Jan. 1, 1930 11. Total time (years) spent in this occupation 65

12. BIRTHPLACE (CITY OR TOWN) Blackwater (STATE OR COUNTRY) Missouri

13. NAME Thomas Mellor

14. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY) New York

15. MAIDEN NAME Mary Jane Talbot

16. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) Mrs. Clara Mellor  
Pilot Grove, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lamine Cem. DATE 3-11-36

19. UNDERTAKER (ADDRESS) Hays & Stoeklein  
Pilot Grove, Mo.

20. FILED Mar 11 1936 Miss. E. A. McIntire Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 8, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-28-1936 to 3-8-1936

I last saw him alive on March 8, 1936. Death is said to have occurred on the date stated above, at 6 A. M.

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

Brancho pneumonia Date of onset 3-2-36  
Chronic Myocarditis 1933

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) J. O. Baber, M. D.  
(Address) Pilot Grove

N. B.—Every item of information should be carefully supplied. AGE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

