

AUG 22 1935

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

Do not use this space.

25263

## 1. PLACE OF DEATH

County Saline  
Township Marshall  
City (No. ....) (No. ....) St. .... Ward .....

Registration District No. 796  
Primary Registration District No. 6039

File No. ....  
Registered No. 118 St. .... Ward .....

## 2. FULL NAME

Mikkel Molden

(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 male 4. COLOR OR RACE 608 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 3-1846

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min.  
89 0 26

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.

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) Mo13. NAME unknown14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo15. MAIDEN NAME unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo17. INFORMANT Robert Molden (ADDRESS) Marshall, Mo18. BURIAL, CREMATION, OR REMOVAL Fun PLACE Funsh Creek DATE Aug 3 193519. UNDERTAKER Ferguson Williams (ADDRESS) Marshall, Mo20. FILED Aug 3, 1935 Nelson Weston (Address) Marshall, Mo Deputy Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 30 1935

22. I HEREBY CERTIFY that I attended deceased from

July 21, 1935, to July 30, 1935I last saw him alive on July 27, 1935. Death is saidto have occurred on the date stated above, at 1 A m.

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

Bright's Disease Date of onset MontArteriosclerosis known

Other contributory causes of importance

NoneName of operation None Date of .....What test confirmed diagnosis Typical of same 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.

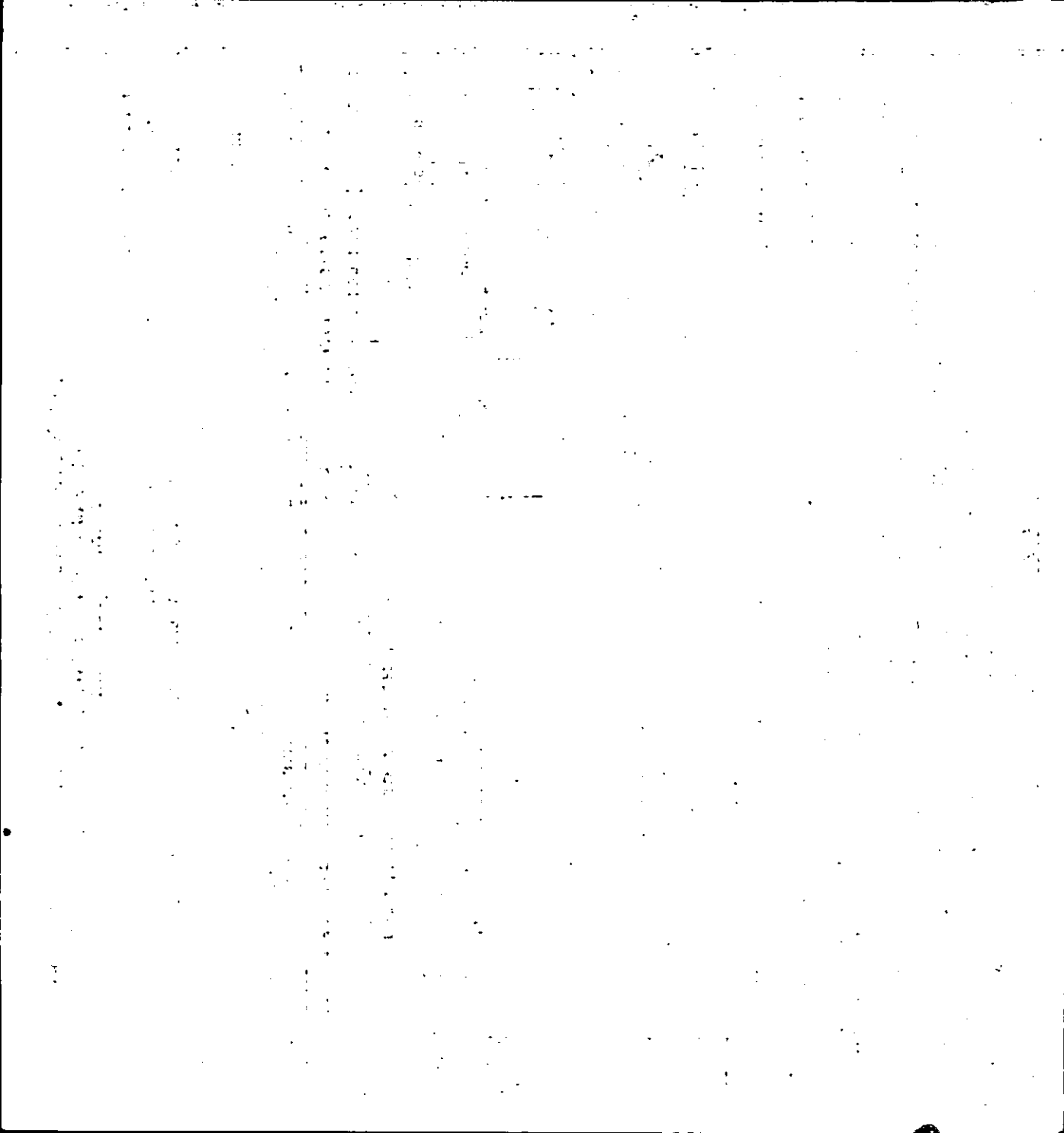
Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify .....

(Signed) W. W. Madison, M. D.(Address) Marshall, Mo



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY, Do not use this space.

**1. PLACE OF DEATH**

County Saline  
Township Marshall  
City (No. . . . .) St. . . . . Ward)

Registration District No. 796  
Primary Registration District No. 6039

File No. . . . .  
Registered No. . . . .

**2. FULL NAME**

Mikel Molden

(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 M 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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.  
89 0 26

OCCUPATION  
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 Sept. 5 19 35 Keleustaston Registrar.  
Deputy

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 30, 1938

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

Bright's disease Date of onset

chronic

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) W. H. Madison M. D.  
(Address) Marshall mo

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