

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

Do not use this space.

**1. PLACE OF DEATH**

County Randolph Registration District No. 735  
 Township Moberly Primary Registration District No. 3034  
 City Moberly (No. 617, E. Logan St. 2nd Ward)

File No. 28101  
 Registered No. 177  
 St. 2nd Ward

**2. FULL NAME**

(a) Residence. No. 617 E Logan St. 2nd 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.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 4-1919

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
8 8 22

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work school-boy  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Mo.

10. NAME OF FATHER Ray Mead

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Okla.

12. MAIDEN NAME OF MOTHER Ella Rowland

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.

14. INFORMANT (Address) Ray Mead  
10 Moberly Mo

15. FILED 9-27-1927 Thos. J. Fleming REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 26-1927

17. I HEREBY CERTIFY, That I attended deceased from 9-25, 1927, to 9-26, 1927, that I last saw him alive on 9-26, 1927, and that death occurred, on the date stated above, at 6 A. M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Symptomatic Paralysis

6 2 2 (duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) Unknown  
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) Wesley Stuedel, M. D.  
9-27, 1927 (Address) Moberly Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENCE CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Moberly Mo DATE OF BURIAL 9-27-1927

20. UNDERTAKER Mahon and Son ADDRESS Moberly 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.

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