

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

Do not use this space.

31259

**1. PLACE OF DEATH**

County... *Randolph*

Registration District No. *735*

Township... *Moberly*

Primary Registration District No. *2034*

City... *Moberly* (No. *601 No Cult*)

File No. \_\_\_\_\_  
Registered No. *191*  
St. *1st* Ward)

**2. FULL NAME**

(e) Residence. No. *601 No Cult* St. *1st*

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Widower*

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Aug 12 1847*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
*80 2 8*

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work *Housekeeper*  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) *Pa*  
(STATE OR COUNTRY)

10. NAME OF FATHER *John Annhill*

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

12. MAIDEN NAME OF MOTHER *May Cooper*

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

14. INFORMANT *Mrs A. G. Douglas*  
(Address) *Moberly, Mo*

15. FILED *10-11-1927* *Dr. S. Fleming*  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

15. DATE OF DEATH (MONTH, DAY AND YEAR) *Oct 9 1927*

I HEREBY CERTIFY, That I attended deceased from *Oct 1* 1927, to *Oct 9* 1927, that I last saw h. alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at *6:30 a.m.*

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
*Bright's disease*  
*arteriosclerosis*  
*132 A*  
*97 12 9 A*  
CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (duration) yrs. mos. da.

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

0 DID AN OPERATION PRECEDE DEATH. *no* DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS? *Chemical*  
(Signed) *M. R. Volanand* M. D.  
*10-11-1927* (Address) *Moberly, Mo*

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT 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 *10-11-1927*

20. UNDERTAKER *Mahan 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.

THIS IS A PERMANENT RECORD

NOV 8 1927

