FEB 21 1928

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

Do not use this space. 726

1. PLACE OF DEATH
County GENTRY
Township ~~JACKSON~~
City KNIG CITY, MO. (No. ..., St. ..., Ward)
Registration District No. 312
Primary Registration District No. 4188
File No. ...
Registered No. 53

2. FULL NAME MARY MITCHELL MOULTON
(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 38 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): MARRIED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: LEVI T. MOULTON
6. DATE OF BIRTH (MONTH, DAY AND YEAR): MAY 18- 1855
7. AGE: Years 72 | Months 8 | Days 1 | If LESS than 1 day, ... hrs. or ... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: HOUSEWIFE
(b) General nature of industry, business, or establishment in which employed (or employer): ...
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN): LOCUST GROVE.
(STATE OR COUNTRY): PA.

PARENTS
10. NAME OF FATHER: A.J. MITCHELL
11. BIRTHPLACE OF FATHER (CITY OR TOWN): UNKNOWN.
(STATE OR COUNTRY): IRELAND
12. MAIDEN NAME OF MOTHER: ELIZABETH CROWLEY
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): CHESTER CO
(STATE OR COUNTRY): PA.

14. INFORMANT: Grace Moul Ashpriority
(Address): King City, Missouri
15. FILED: Jan 21, 1928 A. W. Paulette, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan 19 1928
17. I HEREBY CERTIFY, That I attended deceased from Jan 17, 1928, to Jan 19, 1928 that I last saw h. alive on Jan 19, 1928, and that death occurred, on the date stated above, at 1:30 a.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Catarrhal Pneumonia
11 A
107 A
(duration) ... yrs. ... mos. 4 ds.
CONTRIBUTORY (SECONDARY): Influenza
(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) A. W. Paulette, M. D
Jan 20 1928 (Address) King City 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: KING CITY, CEMETERY
DATE OF BURIAL: Jan. 21 1928
20. UNDERTAKER: H. D. Wilson
ADDRESS: King City, 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.