

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.

1928

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

Do not use this space.

14469

1. PLACE OF DEATH

County Randolph

Registration District No. 735

Township Moberly

Primary Registration District No. 3034

City Moberly (No. 502 No Moulton)

File No. _____

Registered No. 91

St. _____

Ward _____

2. FULL NAME

(a) Residence. No. 502 No Moulton 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. _____

Da. _____

How long in U.S., if of foreign birth?

Yrs. _____

Mos. _____

Da. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

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

Fannie Ankron

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Dec 6th 1842

7. AGE

YEARS

MONTHS

DAYS

IF LESS THAN 1

day, _____ hrs.

or _____ min.

85

4

21

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Retired

(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)

Ohio

10. NAME OF FATHER

Solomon Ankron

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ohio

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

14.

INFORMANT
(Address)

Fannie Ankron
Moberly, Mo.

15.

FILED

4/29/28 Dr. J. J. Fleming
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

Apr 27th 1928

17.

I HEREBY CERTIFY, That I attended deceased from April 26th 1928 to April 27th 1928 that I last saw him alive on April 26th 1928, and that death occurred, on the date stated above, at 7:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Hypertrophic Cardiomyopathy
12 years (duration) 13 yrs. 1 mos. 0 da.

CONTRIBUTORY

(SECONDARY)

120 Bl (duration) 12 yrs. 0 mos. 0 da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF X

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) R. A. Mitchell, M. D.

4-29-1928 (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

DATE OF BURIAL

Aphleman Cemetery 4-29th 1928

20. UNDERTAKER

ADDRESS

Mahon and Son Moberly, Mo.

