

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

Do not use this space.

21683

2823

1. PLACE OF DEATH

County Jackson
Township Ross
City Wesley Hosp (No. 6700)

Registration District No. 399
Primary Registration District No. 1002

File No. 2823
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Margaret Moellman (Moellman)
(a) Residence. No. Cole Camp Mo. 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
75

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) (STATE OR COUNTRY) Mo

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Beckhoff Funeral Home
(Address) Cole Camp Mo.

15. FILED 6/27 29 M. M. Crave REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 27 1929

17. I HEREBY CERTIFY, That I attended deceased from 6/24/29 to 6/27 1929 that I last saw h. e. alive on 6/27 1929 and that death occurred, on the date stated above, at 11:30 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

acute heart failure

CONTRIBUTORY (SECONDARY) other anesthetic (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

3 DID AN OPERATION PRECEDE DEATH? employed at
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) D. E. Shumate M. D.

6/27 1929 (Address) 500 Apple

*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

Cole Camp Mo. DATE OF BURIAL 9/27 1929

20. UNDERTAKER

OW Pulcome's Sons ADDRESS 211 E 9th

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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500 Angule.

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