

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

Do not use this space.

23673

1. PLACE OF DEATH

County Worth
Township Smith
City _____ (No. _____)

Registration District No. 903
Primary Registration District No. 6211

File No. _____
Registered No. 11
St. _____ Ward _____

2. FULL NAME

Ada Sam Moudlin

(a) Residence. No. _____ 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Child

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

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

May 24-1927

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

2

13

8. OCCUPATION OF DECEASED

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

Child

(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)

Acumdale Mo

10. NAME OF FATHER

Madison Moudlin

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

Macon Mo

12. MAIDEN NAME OF MOTHER

Ada Fletcher

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

Acumdale Mo

14.

INFORMANT (Address)

Madison Moudlin Acumdale Mo

15.

FILED

6/7/29 John Andrews

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

June 7, 1929

17.

I HEREBY CERTIFY, That I attended deceased from _____, 1929, to _____, 1929.

that I last saw him alive on _____, 1929, and that death occurred, on the date stated above, at _____ a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

acute indigestion

12 30

11 30

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

Consumption

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTACTED

NOT AT PLACE OF DEATH

DATE OF OPERATION PRECEDE DEATH: _____

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) John Andrews, M.D.

Address Grand City

*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

Fletcher Cem

6-8 1929

20. UNDERTAKER

ADDRESS

Fornier

Acumdale

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.

