

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

Do not use this space.

175

1. PLACE OF DEATH

County... *Beauregard*

Registration District No. *85*

Township *St Joseph*

Primary Registration District No. *1001*

City *St Joseph*

(No. *Woods Hospital*)

File No. _____

Registered No. *17*

St. _____ Ward _____

2. FULL NAME

Raymond Oswald Molter

(a) Residence. No. *1106 Palovier*

St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *20* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white

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

Single

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

Single

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

April 14 1895

7. AGE

YEARS

MONTHS

DAY

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

54

9

1

8. OCCUPATION OF DECEASED

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

Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

Self

(c) Name of employer

Self

9. BIRTHPLACE (CITY OR TOWN)

Holt, Mo

(STATE OR COUNTRY)

Missouri

10. NAME OF FATHER

Henry Molter

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Beaver Co.,

(STATE OR COUNTRY)

Missouri

12. MAIDEN NAME OF MOTHER

Aphemie Helman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Mounton Co.,

(STATE OR COUNTRY)

Missouri

14.

INFORMANT

R. J. Molter

(Address)

St Joseph Mo

15.

FILED

19

John J. [Signature]

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Jan 5 1930

17.

I HEREBY CERTIFY, That I attended deceased from *Jan 7 1930* to *Jan 4 1930* that I last saw *her* alive on *Jan 4 1930* and that death occurred, on the date stated above, at *2:20 A.M.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pyonephrite chr

1300

1330

1345

(duration) *?* yrs. *?* mos. *?* ds.

CONTRIBUTORY (SECONDARY)

Prostatic obstruction

Prostatic chr.

(duration) *?* yrs. *?* mos. *?* ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION* RECEED DEATH? *no* DATE OF _____

WAS THERE AN AUTOPSY? *yes*

WHAT TEST CONFIRMED DIAGNOSIS

Autopsy + clinical

(Signed)

R. J. Molter

M. D.

1/5 1930 (Address) *14th Bldg. St Joseph 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

Oregon Mo

Jan 7 1930

20. UNDERTAKER

ADDRESS

Helman Daniel Home 1946 [Address]

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.

FEB 10 1930

