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

Do not use this space.

~~21594~~ 21422

File No. 6297

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. 781

Township ..... Primary Registration District No. 1102

City ..... (No. ..... St. ..... Ward)

2. FULL NAME August Theodore Mohow -

(a) Residence. No. 3118a N Grand St., 10 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 4, 1906

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	24	4	22	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer) Invalid
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Quincy Ill
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER James A. Mohow.

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

12. MAIDEN NAME OF MOTHER Bertha Meyer

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

14. INFORMANT James A. Mohow Jr. (Son)
(Address) 3118 N Grand

15. FILED JAN 28 1930 19 Max C. Starkey Jr. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6/26 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1926, to 6/26, 1930 that I last saw him alive on 6/26, 1930, and that death occurred, on the date stated above, at 8 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
93c

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) TOB

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) V. J. Meinhardt Sim, M. D.
, 19 (Address) Grand & Hebert.

*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
Calvary Cem	6-30- 1930
20. UNDERTAKER	ADDRESS
Provost Und Co	3710 N. Grand

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.