

OCT 28 1930

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

Do not use this space.

29240

1. PLACE OF DEATH

County Buchanan
Township Washington
City St. Joseph (No.)

Registration District No. 86
Primary Registration District No. 5129

File No.
Registered No. 78
St. Ward

2. FULL NAME William Molott

(a) Residence. No. Route No. 7. 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. 3 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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 27, 1929

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

0

6

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) Tulsa

(STATE OR COUNTRY)

Oklahoma.

10. NAME OF FATHER

Walter Molott

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Humbolt,

(STATE OR COUNTRY)

Kansas.

12. MAIDEN NAME OF MOTHER Lizzie Williamson.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Joseph,

(STATE OR COUNTRY)

Mo.

14. INFORMANT Walter Molott
(Address) Route 7 St. Joseph, Mo.

15. FILED Sept 10 1930
REGISTRAR J. G. Kausner

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 9, 1930. 1930

17.

I HEREBY CERTIFY, That I attended deceased from Sept 8, 1930, to Sept 9, 1930, that I last saw him alive on Sept 9, 1930, and that death occurred, on the date stated above, at 10.30, P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

1198

Acute Gastro enteric infection

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

C DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS General

(Signed) W. A. Robertson M. D.

Sept 10, 1930 (Address) 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

I. O. O. F. Cemetery.

DATE OF BURIAL

Sept. 10, 1930/

20. UNDERTAKER

Fred W. Clark 25 K.A.W.

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.

