

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.

JUL 28 1931

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

Do not use this space.

24158

1. PLACE OF DEATH

County Barton Registration District No. 41
 Township Osark Primary Registration District No. 5067
 City Liberal (No. _____) St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME

James H. Mohler
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Kent Mohler</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 26-1871</u>		
7. AGE YEARS <u>59</u>	MONTHS <u>8</u>	DAYS <u>5</u>
8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. <u>Merchant</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Dr. & Groceries</u>		
10. Date deceased last worked at this occupation (month and year) <u>June 1931</u>		11. Total time (years) spent in this occupation <u>26</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hamar Mo</u>		
13. NAME <u>Alexis Mohler</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Prairie City, Ill</u>		
15. MAIDEN NAME <u>Sara Faust</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Prairie City, Ill</u>		
17. INFORMANT (ADDRESS) <u>Mrs. J. W. Mohler Liberal, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Barton City Cemetery</u> DATE <u>July 3, 1931</u>		
19. UNDERTAKER (ADDRESS) <u>Spkowitz Hamar, Mo</u>		
20. FILED <u>July 2, 1931</u> <u>J. R. Spell</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 1, 1931

22. I HEREBY CERTIFY, That I attended deceased from June 29, 1931 to July 1, 1931

I last saw him alive on July 1, 1931. Death is said to have occurred on the date stated above, at 12:30 AM

The principal cause of death and related causes of importance were as follows:
apoplexy
82A
82W

Other contributory causes of importance:

Name of operation None Date of 0
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? 0 Date of injury 0, 1931
 Where did injury occur? 0 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 0
 Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) J. S. Sheldon, M. D.
 (Address) Liberal Mo

100