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.

DEC 28 1931

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

Do not use this space.

38657

1. PLACE OF DEATH
County Randolph Registration District No. 735 File No.
Township Primary Registration District No. 3434 Registered No. 228
City Moberly (No. 618, Fort St. 3 Ward)

2. FULL NAME Margaret Wilber
(a) Residence, No. 618 Fort St., 3 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE w
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 28-1871

7. AGE YEARS 60 MONTHS 2 DAYS 29 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

FATHER
13. NAME Samuel Gruber
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa.

MOTHER
15. MAIDEN NAME Josephine Head
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) O.

17. INFORMANT (ADDRESS) Mrs. A. E. Carter Moberly Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Milford Ill. DATE 11-29- 1931

19. UNDERTAKER (ADDRESS) Mahan & Son Moberly Mo.

20. FILED 11/28 1931 Thos. S. Fleming Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 27 — 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 21st 1927, 19..., to Nov 27th 1931
I last saw her alive on Nov 26th 1931, 19.... Death is said to have occurred on the date stated above, at 2:45 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Sclerosis	?
87b	

Other contributory causes of importance: 87b

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) Thos S Fleming, M. D.
(Address) Moberly, Mo

SEP 10 1956