

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

Do not use this space.

4281

1. PLACE OF DEATH

37 County Gasconade Registration District No. 302
Township Leary Primary Registration District No. 6231
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

James Richard Moeckli
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
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. (If nonresident, give city or town and State)

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) Feb. 23, 37

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

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) Bland, Mo R

13. NAME Allan Moeckli

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bland, Mo

15. MAIDEN NAME Hazel Vaughn

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Meta

17. INFORMANT (ADDRESS) Allan Moeckli

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Cem DATE Feb. 24, 37

19. UNDERTAKER (ADDRESS) A. C. Barnett
Bland, Mo R

20. FILED 2-23, 1937 l. A. Bunge Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-23, 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-23, 1937, to 2-23, 1937

I last saw him alive on 2-23, 1937 Death is said to have occurred on the date stated above, at 6:30 am.

The principal cause of death and related causes of importance were as follows:

Premature Birth

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Other contributory causes of importance: _____

Name of operation _____ Date of _____

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? _____ 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? _____ If so, specify _____

(Signed) l. A. Bunge, M. D.

(Address) Bland, Mo

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.

