

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

Do not use this space.

9300

APR 28 1932

1. PLACE OF DEATH
 68 County M. Pulaski Registration District No. 571
 1 Township Walter Primary Registration District No. 4335
 2 City California (No. _____) St. _____ Ward _____

2. FULL NAME Martha Jane Moulder
 (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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 17 - 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
74 17

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 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) Cauden Co

MOTHER FATHER
 13. NAME J. M. Lyons

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 1, E. 2

15. MAIDEN NAME Sarah Edeson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) Mrs Alfred Doyle

18. BURIAL, CREMATION, OR REMOVAL PLACE Parker Grove DATE Mar 4 1932

19. UNDERTAKER (ADDRESS) W. L. Latham & Fred Mey
California Mo

20. FILED 3-4 1932 Jas. M. Roth
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 3 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 11 1932 to Mar 3 1932

I last saw h. alive on Mar 3 1932 Death is said to have occurred on the date stated above, at 3:20 a.m.

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

Valvular heart disease
92A
132A
92A

Date of onset
years ago

Other contributory causes of importance:
reflexitis

Name of operation none Date of _____
 What test confirmed diagnosis? Substant 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) D. L. Latham M. D.
 (Address) California Mo

