

N.B.—Every item of information should be carefully supplied. AGE ESTIMATED. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 30 1932

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

11432

1. PLACE OF DEATH

113

County North
 Township Smith
 City Grant City (No. _____)

Registration District No. 90317Primary Registration District No. 6217

File No. _____

Registered No. 4

St. _____ Ward) _____

2. FULL NAME Donna Jean Motzinger

(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 Life yrs. _____ mos. _____

How long in U. S., if of foreign birth? yrs. _____ mos. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX ♀4. COLOR OR RACE W5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Baby5A. IF MARRIED, WIDOWED, OR DIVORCED *
HUSBAND OF
(OR) WIFE OF ✓6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 31, 1930

7. AGE

YEARS 1MONTHS 4DAYS 24If LESS than 1
day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby9. 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) Grant City, Mo.

FATHER

13. NAME John W. Motzinger14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grant City, Missouri

MOTHER

15. MAIDEN NAME Emma Jansworth16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grant City, Mo.17. INFORMANT (ADDRESS) John W. Motzinger

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Charles DATE 3/27, 193219. UNDERTAKER (ADDRESS) John C. Dumble20. FILED 3-27 1932 John C. Dumble Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 25, 193222. I HEREBY CERTIFY That I attended deceased from March 19, 1932 to March 25, 1932I last saw him alive on March 25, 1932 Death is saidto have occurred on the date stated above, at S. P. m.

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

Bronchopneumonia
tracheitis
1581
107A/5

Date of onset
3/24/32
3/19/32

Other contributory causes of importance: ①Name 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? NOIf so, specify O. L. Fullerton

(Signed)

M. D.

(Address) Stedding Iowa

With kindest wishes