

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

Do not use this space.

12013

26388

1. PLACE OF DEATH *Home*
 County *Cole* Registration District No. *213*
 Township _____ Primary Registration District No. *3014*
 City *Jefferson* (No. _____) St. _____ Ward _____

2. FULL NAME *August Henry Moeles*
 (a) Residence, No. *508 Bannan* St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred *77* 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*) *widowed*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Mar 8 - 1860*

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<i>72</i>	<i>1</i>	<i>14</i>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Printer*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Boty Printer*

10. Date deceased last worked at this occupation (month and year) *Jan 19 27* 11. Total time (years) spent in this occupation *55*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Jefferson City Mo*

FATHER

13. NAME *Herman Moeles*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

MOTHER

15. MAIDEN NAME *Anna Marie Rackers*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

17. INFORMANT (ADDRESS) *Joe Moeles Jefferson City*

18. BURIAL, CREMATION OR REMOVAL PLACE *St. Ann's* DATE *4/25* 1932

19. UNDERTAKER (ADDRESS) *Lawson - Tanner Jefferson City Mo*

20. FILED *26* 1932 *B. C. Bedford* Registrar.

MEDICAL CERTIFICATE OF DEATH

5

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Apr 21* 1932

22. I HEREBY CERTIFY, That I attended deceased from *4-7* 1932 to *4-21* 1932
 I last saw *him* alive on *4-21* 1932. Death is said to have occurred on the date stated above, at *12* m. *Jefferson*
 The principal cause of death and related causes of importance were as follows:
Atherosclerosis Date of onset *1920*
Chronic Endocarditis "
Chronic Myocarditis "
Chronic Pericarditis "
Nephritis "
 Other contributory causes of importance: *Uremia* *3/10* *4-20-32*

Name of operation *92A* Date of _____
 What test confirmed diagnosis? _____ 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) *Dr. W. L. Williams* M. D.
 (Address) *Jefferson City Mo*

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

MAY 28 1932

V. NO. 2.

