

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

Do not use this space.

20542

1. PLACE OF DEATH
 88 County Randolph Registration District No. 735
 6 Township _____ Primary Registration District No. 3034
 8 City Moberly (No. 525 S Williams) St. 37 Ward _____

2. FULL NAME Catherine Van Cleve
 (a) Residence, No. 525 S Williams St., _____ Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)

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.

File No. _____
 Registered No. _____
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John F. Van Cleve
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 4th 1846
 7. AGE YEARS 86 MONTHS 5 DAYS 26 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
 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) Ohio 2
 13. NAME Oliver Crist
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.
 15. MAIDEN NAME Marah Van Buren
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio
 17. INFORMANT Mrs. W. C. Van Cleve
 (ADDRESS) Moberly, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Dartville - Mo. DATE July - 2, 1932
 19. UNDERTAKER Mahony and Son
 (ADDRESS) Moberly, Mo.
 20. FILED July 1, 1932 Thos. S. Fleming
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 30th, 1932
 22. I HEREBY CERTIFY That I attended deceased from June 26 1932, to June 3 1932
 I last saw her alive on June 30, 1932. Death is said to have occurred on the date stated above, at 11:05 P.M.
 The principal cause of death and related causes of importance were as follows:
Myocarditis
93 D 95 10
 Other contributory causes of importance: _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? (D)
 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) L. J. Fickell, M. D.
 (Address) Moberly Mo

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

97 1932

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