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.

SEP 21 1932

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

Do not use this space.

25476

85

1. PLACE OF DEATH

County: Buchanan — Registration District No.: 1001

Township: — Primary Registration District No.:

City: St. Joseph, (No. 2101 Faraon St. Ward)

File No.: — Registered No.: 1132

2. FULL NAME: Samuel I. Motter,

(a) Residence, No. 2101 Faraon St. St., Ward. (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 57 yrs. 9 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married,

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 7th. 1874

7. AGE: Years 57 — Months 9 — Days 19 — If LESS than 1 day, hrs. or min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Law

10. Date deceased last worked at this occupation (month and year): Aug. 1932

11. Total time (years) spent in this occupation: 36

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Saint Joseph, Missouri,

FATHER

13. NAME: Joshua Motter,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Williamsport, Maryland,

MOTHER

15. MAIDEN NAME: Augusta Barrow,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Saint Joseph, Missouri,

17. INFORMANT (ADDRESS): S. B. Motter 3000 Ashland Avenue

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Mt. Mora Cem. DATE: Aug. 29, 1932

19. UNDERTAKER (ADDRESS): Heaton-Beggs-Bowman 319 S. 10th. St. Funeral Home

20. FILED: AUG 26 1932 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): August 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1932, to Aug 26, 1932

I last saw him alive on Aug 20, 1932. Death is said to have occurred on the date stated above, at 5:30 A.m.

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

	Date of onset
Heart disease - Streptococcic & acute endocarditis Chr.	About 1926
Myocarditis Chr.	
H.B. 1/2	
935	

Other contributory causes of importance:

Cirrhosis of Liver

958

Name of operation: None Date of:

What test confirmed diagnosis? Clinical 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. W. Cady, M. D.

(Address) 301 P.O. Bldg.