

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.

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

Do not use this space.

27089

1. PLACE OF DEATH

88 County Randolph
6 Township Moberly
8 City Moberly (No. _____)

Registration District No. 135

Primary Registration District No. 3034

File No. _____

Registered No. 64

St. _____

Ward _____

2. FULL NAME

(a) Residence, No. 8719 W. Coater

(Usual place of abode)

St. _____

Ward. _____

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

Colored

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

Widowed

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

Scripta Alexander

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

about 66

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, _____ hrs.

or _____ min.

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)

31

MOTHER FATHER

13. NAME

Unknown

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

Unknown

15. MAIDEN NAME

Unknown

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

Unknown

17. INFORMANT (ADDRESS)

7

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Moberly

DATE

Aug. 28 1932

19. UNDERTAKER (ADDRESS)

Robert L. Carr
Moberly Mo

20. FILED

8/28 1932

Thos. J. Thomas
Registrar

MEDICAL CERTIFICATE OF DEATH

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

Aug. 25 1932

22. I HEREBY CERTIFY, That I attended deceased from

July 10 1932 to Aug. 25 1932

I last saw him alive on Aug. 24 1932 Death is said

to have occurred on the date stated above, at 2:30 P. M.

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

Cirrhosis of Liver

Date of onset

Other contributory causes of importance:

Alcoholism

Name 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?

If so, specify

(Signed)

H. A. Long

M. D.

(Address)

Moberly Mo.

