

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

Do not use this space.

30122

1. PLACE OF DEATH

88 County RANDOLPH.
6 Township
88 City MOBERLY. (No. _____)

Registration District No. 735
Primary Registration District No. 3034

File No. _____
Registered No. 80
St. _____ Ward)

2. FULL NAME

(a) Residence. No. 223 WILLIAMS Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 2 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 WHITE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED WIDOWED
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) FEB. 14 - 1849

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
83 7 12

8. OCCUPATION OF DECEASED SECTION FOREMAN.
(a) Trade, profession, or particular kind of work. FRANCONIA R.R.
(b) General nature of industry, business, or establishment in which employed (or employer) PENNSYLVANIA
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) ILLINOIS 2
(STATE OR COUNTRY)

10. NAME OF FATHER Dout Knows

11. BIRTHPLACE OF FATHER (CITY OR TOWN) 31
(STATE OR COUNTRY) Dout Knows

12. MAIDEN NAME OF MOTHER Dout Knows

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Dout Knows

14. INFORMANT MRS L. R. SPANGLER
(Address) 223 S. WILLIAMS

15. FILED 9/27 1932 MOBERLY MO
Shes REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept - 26 1932

17. I HEREBY CERTIFY, That I attended deceased from Sept 22 1932 to Sept 24 1932 that I last saw him live on Sept 24 1932 and that death occurred, on the date stated above, at 8:40 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Amplegia
820
CONTRIBUTORY (SECONDARY) 820
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH ①

8 DID AN OPERATION PRECEDE DEATH? DATE OF _____

9 WAS THERE AN AUTOPSY

10 WHAT TEST CONFIRMED DIAGNOSIS

(Signed) L. J. McKel M. D.

, 19 (Address) Moberly Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL REDAUR
MULBERRY GROVE, ILL DATE OF BURIAL SEPT 27 1932

20. UNDERTAKER SNOW-LEAVERTON ADDRESS MOBERLY MO.

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.

OCT 28 1932

