

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

Do not use this space.

41223

1. PLACE OF DEATH

County Randolph Registration District No. 735
Township _____ Primary Registration District No. 3034
City Moberly (No. 543, Stagood) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 543 Stagood 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 20th 1853
7. AGE YEARS 77 MONTHS 8 DAYS 21 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) Ill.
13. NAME The Smith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.C.
15. MAIDEN NAME Martha McAdams
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

17. INFORMANT Joe Morris
(ADDRESS) Moberly, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Moberly, Mo. DATE Dec 13th 1932

19. UNDERTAKER Mahan and Son
(ADDRESS) Moberly, Mo.

20. FILED 12/12, 1932 Thos. S. Fleming
Registrar.

N MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 11th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1932, to Dec 11, 1932.
I last saw him alive on Dec 10, 1932. Death is said

to have occurred on the date stated above, at 6:00 a.m.
The principal cause of death and related causes of importance were as follows:

Myocarditis
Arteriosclerosis
Date of onset Jan 1 1931
Other contributory causes of importance: ①

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) Neal Maddox, M. D.
(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.

7 1933

