

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

Do not use this space.

10750

1. PLACE OF DEATH

County Randolph Registration District No. 935
Township _____ Primary Registration District No. 3034
City Moberly Mo. (No. 805) McKinley St. _____ Ward)

File No. _____
Registered No. 15
_____ St. _____ Ward)

2. FULL NAME

(a) Residence. No. 805 McKinley 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Wm J. Cable</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Sept 4 - 1881</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>51</u>	<u>6</u>	<u>26</u>	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>at home</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer				

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 30th 1933

17. I HEREBY CERTIFY, That I attended deceased from May 14, 1933, to Mar 30, 1933 that I last saw her alive on Mar 30, 1933, and that death occurred, on the date stated above, at 1:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Coronary Disease

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY)
HTB
(duration) _____ yrs. _____ mos. _____ ds.

9. BIRTHPLACE (CITY OR TOWN) Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Robert Hayden

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Amelia Potter

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

14. INFORMANT Wm J. Cable
(Address) Moberly Mo

15. FILED 3/30 1933 Thos Fleming
REGISTRAR

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH. no

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Symptoms
(Signed) L. A. Nickel, M. D.

3-30 1933 (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 <u>Moberly Mo</u>	DATE OF BURIAL <u>3-31</u> 19 <u>33</u>
20. UNDERTAKER <u>Mahon and Son</u>	ADDRESS <u>Moberly Mo</u>

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD APR 2 1933 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.

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