

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

Do not use this space.

10766

APR 24 1933

PLACE OF DEATH
County Randolph Registration District No. 735 File No.
Township Primary Registration District No. 3034 Registered No. 45
City Moberly (No. Nabash Hospital) St. Ward)
2. FULL NAME Thomas Moberly
(a) Residence, No. 510 Madison 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

MEDICAL CERTIFICATE OF DEATH

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 Lena Moberly
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 20 1858
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 4 18
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 8 1933
17. I HEREBY CERTIFY, That I attended deceased from 19, to 19, that I last saw him alive on March 8, 1933, and that death occurred, on the date stated above, at 9:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis
9:30 (duration) ? yrs. mos. ds.
CONTRIBUTORY (SECONDARY) 9:30 (duration) ? yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
10. NAME OF FATHER Erhard Moberly
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Mertie Burnham
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS
(Signed) R.D. Shetter, M. D.
, 19 (Address) Moberly, Mo.

14. INFORMANT (Address) Mrs Lena Moberly Moberly Mo
15. FILED 3/10 1933 Thos. S. Fleming REGISTRAR

*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 DATE OF BURIAL
Moberly Mo 3 10 1933
20. UNDERTAKER ADDRESS
Moham Amr Sar Moberly Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1945

STATE OF CALIFORNIA
COUNTY OF LOS ANGELES

IN SENATE

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