

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

Do not use this space.

14249

1. PLACE OF DEATH

County Randolph Registration District No. 735 File No. _____
Township _____ Primary Registration District No. 3034 Registered No. 76
City Moberly (No. Woodland Hospital St. _____ Ward _____)

2. FULL NAME

(a) Residence. No. 603 no. 4th 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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 11th 1902
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
30 11 3
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Bookkeeper
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

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

10. NAME OF FATHER Andrew Douglas
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Blair Cannell
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo

14. INFORMANT Andrew Douglas
(Address) Moberly Mo

15. FILED 4/15 19 33 Shos D Fleming
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 14th 1933
17. I HEREBY CERTIFY, That I attended deceased from _____
April 13, 1933 to April 14, 1933
that I last saw h.s.c. alive on April 14, 1933 and that death occurred, on the date stated above, at 3:05 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Superior mesenteric artery thrombosis

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? No DATE OF No

WAS THERE AN AUTOPSY? ✓

WHAT TEST CONFIRMED DIAGNOSIS? ✓

(Signed) R.D. Steeler, 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 Moberly Mo DATE OF BURIAL Apr 16th 1933

20. UNDERTAKER Mahar Anderson ADDRESS Moberly Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERM. TENT RECORD

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.

MAY 24 1933

PARENTS

