

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

Do not use this space.

14254

**1. PLACE OF DEATH**

County Randolph Registration District No. 735 File No. \_\_\_\_\_  
 Township \_\_\_\_\_ Primary Registration District No. 3034 Registered No. 70  
 City Moberly (No. Woodland Hospital) (Ward) \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. 619 Adams Ave. 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>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Aug. 3<sup>rd</sup> 1843</u>		
7. AGE	YEARS	MONTHS
	<u>89</u>	<u>8</u>
		DAYS
		<u>5</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 _____		
9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) <u>Ind.</u>		
PARENTS	10. NAME OF FATHER <u>Lebins Bell</u>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) <u>W. Y.</u>	
	12. MAIDEN NAME OF MOTHER <u>Mayetta Jordan</u>	
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) <u>W. Y.</u>		
14. INFORMANT <u>Edith Wheeler</u> (Address) <u>Moberly, Mo.</u>		
15. FILED <u>4/10</u> 19 <u>33</u> <u>Thos. S. Fleming</u> REGISTRAR		

**MEDICAL CERTIFICATE OF DEATH**

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16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 8<sup>th</sup> 1933

17. I HEREBY CERTIFY, That I attended deceased from Jan. 21st 1933, 1933, to April 8, 1933 that I last saw h. er alive on April 8th 1933, 1933, and that death occurred, on the date stated above, at 12.33 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Myocardial Degeneration.

920930  
91930 (duration) 2 yrs. 0 mos. 0 ds.

CONTRIBUTORY Arterio sclerosis  
 (SECONDARY) (duration) 10 yrs. 0 mos. 0 ds.

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

19. DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? No  
 WHAT TEST CONFIRMED DIAGNOSIS Thos. S. Fleming  
 (Signed) \_\_\_\_\_ M. D.  
 , 19 (Address) Moberly, Missouri

\*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>4-10</u> 19 <u>33</u>
20. UNDERTAKER <u>Mathew Andrew Moberly</u>	ADDRESS

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT 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

