

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

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

Do not use this space.

1. PLACE OF DEATH
 97 County Saline Registration District No. 796
 5 Township _____ Primary Registration District No. 3038
 7 City Marshall, Mo. No. _____ St. _____ Ward _____

2. FULL NAME Herald Louis Christ Moeller
 (a) Residence, No. _____ 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.

File No. 25274
 Registered No. _____
 St. _____ Ward _____

AUG 6 1933

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 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) Feb. 3, 1921

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>12</u>	<u>5</u>	<u>20</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

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) Napton, Mo.

MOTHER FATHER 13. NAME Henry W. Moeller

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chawville, Mo.

15. MAIDEN NAME Laura Penster

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Slater, Mo.

17. INFORMANT Henry W. Moeller
(ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL Marshall, Mo.
 PLACE Saline Church DATE July 25, 1933

19. UNDERTAKER J. C. Sumner
(ADDRESS) Marshall, Mo.

20. FILED 8-3- 1933 R. P. Pullman
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 23, 1933

22. I HEREBY CERTIFY That I attended deceased from July 15, 1933 to July 23, 1933
 I last saw him alive on July 23, 1933 Death is said to have occurred on the date stated above, at 2 p. m.
 The principal cause of death and related causes of importance were as follows:
Peritonitis caused by ruptured appendix
 Date of onset 12/11

Other contributory causes of importance: 1919 1921

Name of operation Appendectomy Date of _____
 What test confirmed diagnosis? Surgery Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? ✓ Date of injury 7-15-33
 Where did injury occur? L (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury L
 Nature of injury L

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) Lewis F. Conway, M. D.
 (Address) Marshall, 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.

