

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

Do not use this space.

26239

1. PLACE OF DEATH

County Jenny
Township W. Liberty
City Calhoun (No. _____)

Registration District No. 14
Primary Registration District No. 4211

File No. _____
Registered No. 28 (Ward)

2. FULL NAME

James Adam Motsinger

(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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 Bell Motsinger

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

June 24 1863

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
70	1	8	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

Calhoun

(STATE OR COUNTRY)

10. NAME OF FATHER

Alfred Motsinger

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

N. C.

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Adeline Jenny

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Don't know

(STATE OR COUNTRY)

14.

INFORMANT W. E. Major
(Address) Calhoun, Mo.

15.

FILED Oct 2, 1933

W. E. Major
Calhoun, Mo.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

Aug 2 1933

17.

I HEREBY CERTIFY That I attended deceased from Aug 1 1933 to Aug 1 1933 that I last saw deceased alive on July 29 1933, and that death occurred, on the date stated above, at 7:11 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer of the stomach

CONTRIBUTORY (SECONDARY)

do not know

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) D. A. Ballard M. D.
, 19 (Address) Calhoun 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

Calhoun Cemetery

DATE OF BURIAL

Aug 4 1933

20. UNDERTAKER

Ed Howard Calhoun Mo

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

