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.

OCT 20 1933

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

Do not use this space.

30199

1. PLACE OF DEATH
County McDonald — Registration District No. 518 — File No. 1-1933
Township — Primary Registration District No. 4574 — Registered No. 27
City Anderson (No. ..... St. ..... Ward)

2. FULL NAME David O Moll
(a) Residence, No. ..... St., ..... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
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: Male
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Jewell Moll
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 1-1883
7. AGE: YEARS 50 — MONTHS 5 — DAYS 15 — If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Zinc Miner
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): Olathe Kans

FATHER
13. NAME: Charles Moll
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not Known

MOTHER
15. MAIDEN NAME: Nancy Casebear
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not Known

17. INFORMANT (ADDRESS): Jewell Moll Anderson Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Galena Kans DATE: Sept 19 1933
19. UNDERTAKER (ADDRESS): Geo Tatum Mo & Anderson Mo.
20. FILED: Sept 18, 1933 Andrew Mitchell Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept 16, 1933
22. I HEREBY CERTIFY, That I attended deceased from August 15th, 1933, to Sept 16th, 1933
I last saw him alive on Sept 16th, 1933. Death is said to have occurred on the date stated above, at 4.00 P.m.
The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis — Date of onset: Unknown

23A

Other contributory causes of importance:

Lead Mine Worker

Name of operation: none — Date of: ✓
What test confirmed diagnosis? Tenth Neither — 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 ✓, 19
Where did injury occur? ✓ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ✓
(Signed) Stuart S Bush D.O. ~~M.D.~~
(Address) Anderson Mo