

APR 25 1934

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

Do not use this space.

PLACE OF DEATH

County Randolph
Township Moberly
City Moberly (No. _____)

Registration District No. 735
Primary Registration District No. 3034

File No. 10094
Registered No. 39
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 233 Hedges St. _____ Ward _____

(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 Male 4. COLOR OR RACE colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 12 - 1845

7. AGE YEARS 89 MONTHS _____ DAYS 29 IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) W. Va

13. NAME Edward

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W. Va

15. MAIDEN NAME Edward

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W. Va

17. INFORMANT (ADDRESS) Edward Alderson 233 Hedges Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Jacksonville DATE March 14 1934

19. UNDERTAKER (ADDRESS) Robert R. Carr Moberly Missouri

20. FILED 3/13 1934 Virginia Alderson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 11 1934

22. I HEREBY CERTIFY That I attended deceased from June 30 1933 to March 11 1934

I last saw him alive on Mar 10 1934 Death is said

to have occurred on the date stated above, at 4:20 P.m.

The principal cause of death and related causes of importance were as follows:

Acute dilatation of heart
arteriosclerosis
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Other contributory causes of importance: Renal

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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? no
If so, specify _____
(Signed) W. H. Leonard, M. D.
(Address) Moberly Mo.

