

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

Do not use this space.

1. PLACE OF DEATH

County Boone

Registration District No. 73

Township Columbia

Primary Registration District No. 3006

City Columbia (No. _____)

File No. 15740

Registered No. 117

2. FULL NAME

(a) Residence, No. 812 N. 7th 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 16, 1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
5 82 3 22

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Boone County, Mo.

FATHER 13. NAME Wm. Mordica

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER 15. MAIDEN NAME Rachael J. Jones

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

17. INFORMANT (ADDRESS) Lewis Mordica, Columbia, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Drapping Springs DATE May 9, 1934

19. UNDERTAKER (ADDRESS) Palmer Furniture Co., Columbia, Mo.

20. FILED 5791 1934 Allie Selby Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 5, 1934, to May 8, 1934

I last saw him alive on May 7, 1934 Death is said

to have occurred on the date stated above, at 109 m.

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

Cerebral thrombosis Date of onset 7-5-34

Other contributory causes of importance: arteriosclerosis

Name of operation _____ Date of _____

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No 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 No

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) W. R. DeLoach, M. D.

(Address) Columbia, 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.

JUN 20 1934

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

