

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

Do not use this space.

1. PLACE OF DEATH

79 County Perry Registration District No. 65-8
Township Rithum Primary Registration District No. 5875
City (No. _____) _____ St. _____ Ward _____

File No. 21418
Registered No. _____

2. FULL NAME

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>X</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 3 1928</u>		
7. AGE	YEARS <u>6</u>	MONTHS <u>6</u>
	DAYS <u>26</u>	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

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Perry Co Mo</u>
	13. NAME <u>Silverson Moll</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Perry Co Mo</u>
	15. MAIDEN NAME <u>Ada Snags</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Perry Co Mo</u>
17. INFORMANT (ADDRESS) <u>Silverson Moll St. Maury Mo.</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Home Ceme Perryville Mo</u> DATE <u>June 30 1934</u>	
19. UNDERTAKER (ADDRESS) <u>YOUNG & TENNICK UND. PERRYVILLE MISSOURI.</u>	
20. FILED <u>6/29 1934</u> <u>H. F. Elmer</u> Registrar.	

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 29 1934
I HEREBY CERTIFY That I attended deceased from May 19 34 to June 29 1934
I last saw h. ER. alive on June 29 1934 Death is said to have occurred on the date stated above, at 12:00 A.M.

The principal cause of death and related causes of importance were as follows:
Acute pneumoto endocarditis Date of onset 3 weeks
myocarditis
SIB
5/10/34
5/10/34
9/10/34
Other contributory causes of importance:
Acute rheumatoid fever 6 weeks

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?
If so, specify Oscar A. Carron M. D.
(Signed) _____ (Address) Perryville, Mo.

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.

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