

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

Do not use this space.

2581

1. PLACE OF DEATH

County Randolph Registration District No. 735
 Township _____ Primary Registration District No. 3034
 City Moberly (No. Woodland Hospital) St. 2nd Ward

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward. Randolph Co
 (Usual place of abode) (If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>no data</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Unknown</u>		
7. AGE YEARS <u>About 82</u>	MONTHS	DAYS
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired farmer</u>	
	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) <u>Ohio</u>		
MOTHER FATHER	13. NAME <u>No data</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>"</u>	
	15. MAIDEN NAME <u>"</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>"</u>	
17. INFORMANT <u>Mrs. Geo. Depple</u> (ADDRESS) <u>Moberly, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Johnson Cemetery</u> DATE <u>Feb 2nd 1935</u>		
19. UNDERTAKER <u>Mahan and Son</u> (ADDRESS) <u>Moberly, Mo</u>		
20. FILED <u>2/2</u> 19 <u>35</u> <u>Virginia Carter</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 31 1935

22. I HEREBY CERTIFY That I attended deceased from Sept 26 1934, to Jan 31 - 1, 1935.
 I last saw him alive on Jan 31 1935. Death is said to have occurred on the date stated above, at 6:30 P.M.
 The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis
Hypertensive heart
 Date of onset ?
 Other contributory causes of importance:
Arteriosclerosis
 Name of operation none Date of _____
 What test confirmed diagnosis? Clinical 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? No
 If so, specify _____
 (Signed) J. H. King, M. D.
 (Address) Moberly, 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.

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

