

MAR 28 1935

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

Do not use this space.

6539

1. PLACE OF DEATH

County RandolphRegistration District No. 735

Township

Primary Registration District No. 3094City Moberly (No. _____)

St. _____ Ward)

2. FULL NAME

(a) Residence, No. 419 Roberts 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 Female 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) Oct 20, 18667. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
68 4 08. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) Ohio13. NAME James McKelton14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio15. MAIDEN NAME Mary Jane Newton16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio17. INFORMANT Mrs Howard Boyant
(ADDRESS) 419 Roberts St Moberly Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Int City DATE Feb 20 193519. UNDERTAKER John B Patton
(ADDRESS) Moberly Mo20. FILED 7/20 1935 Virginia Walker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-19 193522. I HEREBY CERTIFY, That I attended deceased from 2-19 1935 to 2-19 1935I last saw him alive on 2-19 1935 Death is saidto have occurred on the date stated above, at 2.0 a.m.

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

Valvular Heart Disease Date of onset

Other contributory causes of importance:

Name of operation none Date of _____What test confirmed diagnosis? Clinical Was there an autopsy? no23. 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) C. Smith, 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.

88
6
8

235

2

2

2

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

