

AUG 22 1935

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

Do not use this space.

25263

1. PLACE OF DEATH

County Saline
Township Marshall
City..... (No.....)

Registration District No. 796
Primary Registration District No. 6039

File No.....
Registered No. 118
St..... Ward.....

2. FULL NAME

Wirkel Molden

(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 male 4. COLOR OR RACE bol 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 3-1846

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
89 0 26

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) mo
(STATE OR COUNTRY)13. NAME unknown14. BIRTHPLACE (CITY OR TOWN) mo
(STATE OR COUNTRY)15. MAIDEN NAME unknown16. BIRTHPLACE (CITY OR TOWN) mo
(STATE OR COUNTRY)17. INFORMANT Robert Molden
(ADDRESS) Marshall, mo18. BURIAL, CREMATION, OR REMOVAL bur
PLACE Furnish Creek DATE Aug 3 193519. UNDERTAKER Ferguson Williams
(ADDRESS) Marshall, mo20. FILED Aug 3, 1935 Nelson Weston
Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 30 193522. I HEREBY CERTIFY that I attended deceased from July 21, 1935, to July 30, 1935

I last saw him alive on July 27, 1935. Death is said to have occurred on the date stated above, at 1 a m.

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

Bright's Disease Date of onset Mont
knownOther contributory causes of importance ArteriosclerosisName of operation none Date of.....What test confirmed diagnosis typical of same 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.

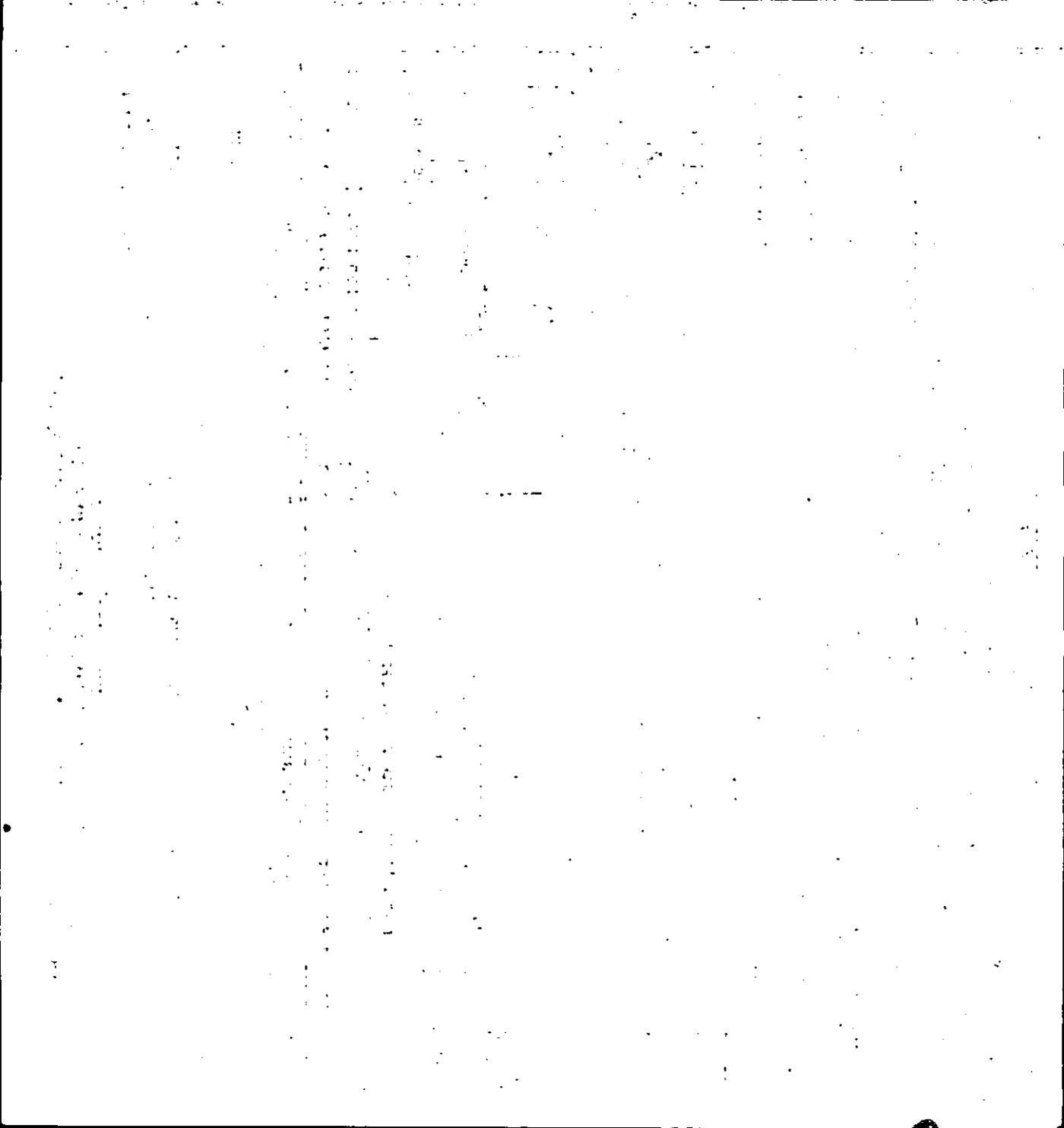
Manner of injury.....

Nature of injury.....

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

If so, specify.....

(Signed) W. W. Madison, M. D.(Address) Marshall, mo



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY, Do not use this space.

1. PLACE OF DEATH

County Saline
Township Marshall
City (No. _____) _____

Registration District No. 796
Primary Registration District No. 6039

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Mikel Molden

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

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

| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, _____ hrs. or _____ min. |
|--------|-----------|----------|-----------|--|
| | <u>89</u> | <u>0</u> | <u>26</u> | |

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) _____

FATHER 13. NAME _____

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

MOTHER 15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19 _____

19. UNDERTAKER (ADDRESS) _____

20. FILED Sept. 5 19 35 Heleen Huston Registrar
Deputy

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 30, 1930

22. I HEREBY CERTIFY, That I attended deceased from _____ 19 _____, to _____ 19 _____

I last saw h. _____ alive on _____, 19 _____. Death is said

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

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

Bright's disease Date of onset _____

chronic

Other contributory causes of importance: _____

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 _____

(Signed) W. H. Madison, M. D.

(Address) Marshall mo

SEP 4 1963

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