

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.

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

Do not use this space.

OCT 28 1935

30443

1. PLACE OF DEATH

County *St. Louis*
Township *Moberly*
City *Moberly* (No. *Woodland Hoppel*)

Registration District No. *795*
Primary Registration District No. *3034*

File No. _____
Registered No. *158* St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward. *Salisbury Mo*
(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 *Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Hurley Robertson*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Feb-3-1905*

7. AGE YEARS *30* MONTHS *7* DAYS *26* If LESS than 1 day, _____ hrs. or _____ min.

8. 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) *Mo*

13. NAME *John Bucksath*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo*

15. MAIDEN NAME *Sophia Adams*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo*

17. INFORMANT *Hurley Robertson* (ADDRESS) *Salisbury Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Salisbury Mo* DATE *Sept 30, 1935*

19. UNDERTAKER *Geo Stinkelmeier* (ADDRESS) *Salisbury Mo*

20. FILED *9/30 1935 Virginia Walker* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sept. 29 1935*

22. I HEREBY CERTIFY, That I attended deceased from *Sept 27 1935* to *Sept 29 1935*

I last saw her alive on *Sept 29 1935*. Death is said to have occurred on the date stated above, at *2:00 a.m.*

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

Eclampsia when about 6 1/2 months pregnant
146

Date of onset *Sept 28 1935*

Other contributory causes of importance:

Name of operation *Cesarian section* Date of *Sept 27 1935*

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? *No*

If so, specify _____ (Signed) *R.D. Steeler* _____, M. D. (Address) *Moberly Mo*

