

JAN 15 1936

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

Do not use this space.

39004

1. PLACE OF DEATH

County Cole

Registration District No. 213

Township _____

Primary Registration District No. 3014

City Jefferson City (No. _____)

File No. _____
Registered No. 352
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 411 E High St. 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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 12 1903

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
30 32 1 7

OCCUPATION 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) Jefferson City, Mo

MOTHER FATHER 13. NAME William Moad

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Elston, Mo.

MOTHER 15. MAIDEN NAME Mary Moad

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Elston, Mo.

17. INFORMANT (ADDRESS) Joseph Cloren
Jefferson City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE River View DATE Dec 29 1935

3701 19. UNDERTAKER (ADDRESS) Buesche Funeral Home
Jefferson City, Mo.

20. FILED 12/21/35 Dr. Beasford M. D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 19 1935

22. I HEREBY CERTIFY, That I attended deceased from 12/18, 1935, to 12/19/1935. I last saw him alive on 12/19/1935. Death is said to have occurred on the date stated above, at 1:30 P. m.
The principal cause of death and related causes of importance were as follows:

Summa of the liver Date of onset 1934
Other contributory causes of importance: MS

Name of operation Lappostomy Date of 12/19/35
What test confirmed diagnosis? Op. + Clin. 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? _____
If so, specify _____
(Signed) Dr. Beasford, M. D.
(Address) Jeff City, 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.

