

FEB 24 1936

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

Do not use this space.

4112

1. PLACE OF DEATH

County Saline Registration District No. 796
Township Wilmington Primary Registration District No. 3038
City Marshall, Mo. No. 2 St. Lafayette Ward

File No.

Registered No. 10

2. FULL NAME Henry Alfred Mollet

(a) Residence, No. 20 Lafayette St. 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 6, 1877
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 58 7 8

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. cook
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) Kempville, Mo.

13. NAME Nick Mollet
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

15. MAIDEN NAME Amelia Burnes
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Edward Mollet (ADDRESS) Marshall, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Smith Chapel DATE Jan 16 1936

19. UNDERTAKER J. C. Subasing (ADDRESS) Marshall, Mo.

20. FILED Jan 15 1936 Henry Kuston Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-14 1936
22. I HEREBY CERTIFY, That I attended deceased from 1-13 1936 to 1-14 1936
I last saw h.f. on 1-14 1936 Death is said to have occurred on the date stated above, 8:30 A.M.

The principal cause of death and related causes of importance were as follows:
Angina Pectoris
Date of onset 1/13/36
Other contributory causes of importance:
Arteriosclerosis

Name of operation 0 Date of 19
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? no 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 no
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Ammon M. D.
(Address) Marshall, 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.

