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

AUG 25 1936

Do not use this space.

32227

1. PLACE OF DEATH
County St. Louis
Township Cary Jeff
City Webster Groves (No. 725 West Lockwood Ave St. Ward)
Registration District No. 788
Primary Registration District No. 4471
File No.
Registered No. 83

2. FULL NAME Rebecca Barling Moberly.
(a) Residence, No. 725 W. Lockwood Ave. 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 James B. Moberly

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 4 - 1854

7. AGE YEARS 82 MONTHS X DAYS X If LESS than 1 day, hrs. or min.

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. At Home
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) Fort Smith Arkansas

FATHER
13. NAME Robert Barling
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Baltimore Maryland

MOTHER
15. MAIDEN NAME Matilda Hill
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

17. INFORMANT (ADDRESS) J. V. Manning 725 West Lockwood

18. ~~BURIAL~~, CREMATION, ~~OR REMOVAL~~
PLACE Valhalla Crematory DATE Aug 5th 1936

19. UNDERTAKER (ADDRESS) C. R. Lupton & Sons 4449 Olive St.

20. FILED 8-5- 1936 Jules R. Yore Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 4 - 1936

22. I HEREBY CERTIFY, That I attended deceased from November 11, 1933, to Aug - 4 - 36, 19
I last saw her alive on July 2 - 1936 Death is said to have occurred on the date stated above, at 4 30 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Degenerative heart disease and generalized arteriosclerosis	1933
Diabetes - mellitus -	1933

Other contributory causes of importance:
Prolapsus ulcer - 59 many years.

Name of operation None Date of
What test confirmed diagnosis? Clinical and unrealized - 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? No
If so, specify
(Signed) H. A. Hackrich, M. D.
(Address) 17 E Lockwood

Dr. [illegible]
17 E. Lockwood.
We #3200.
4-5 P.M.
8-9 A.M