

DEC 30 1936

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

Do not use this space.

42248

1. PLACE OF DEATH

County RandolphRegistration District No. 733

Township

Primary Registration District No. 3034

City

Moberly Mo. No. 608 - Belmar

File No.

Registered No. 240St. 3

Ward)

2. FULL NAME

(a) Residence, No. 1608 Belmar St.

(Usual place of abode)

Ophelia TitchSt. 3

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 60 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

W B Titch

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

Nov 14th 1851

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

841122

OCCUPATION

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

at home

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

MOTHER FATHER

13. NAME Samuel Bildenbeck

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

N.Y.15. MAIDEN NAME Cynthia Jagly

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

Ky

17. INFORMANT (ADDRESS)

Mrs Everett Titch Moberly Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Moberly, Mo

DATE

11-8th 1936

19. UNDERTAKER (ADDRESS)

Wahon and Son Moberly Mo

20. FILED

11/81936Virginia E. E. E. Registrar

MEDICAL CERTIFICATE OF DEATH

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

Nov. 6 - 1936

22. I HEREBY CERTIFY, That I attended deceased from

Nov 4 1936, to Nov 6 1936I last saw him alive on Nov 6 1936 Death is said to have occurred on the date stated above, at 10 P. m.

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

Proneural

Date of onset

Nov 3-5 36

Other contributory causes of importance:

Name of operation

What test confirmed diagnosis? Autopsy 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

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)

(Address)

W. A. Meigs Moberly 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.

