

DEC 30 1936

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

Do not use this space.

42252

1. PLACE OF DEATH

County RandolphRegistration District No. 735

File No. _____

Township _____

Primary Registration District No. 3034Registered No. 247City Moberly (No. Wabash Hospital)

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 727 Taylor 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rose Shea6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 3rd 18807. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 56 | 9 | 88. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. bar Inspector

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) Mo13. NAME Michael Shea14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland15. MAIDEN NAME Mary Dussel16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo17. INFORMANT (ADDRESS) Mrs Rose Shea Moberly Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Moberly Mo DATE 11-13-3619. UNDERTAKER (ADDRESS) McMahon and Son Moberly Mo20. FILED 11/13, 1936 August Walker Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 11th, 193622. I HEREBY CERTIFY, That I attended deceased from March 16, 1936, to November 11, 1936I last saw him alive on Nov. 11, 1936. Death is said to have occurred on the date stated above, at 5⁰⁰ am.

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

Coronary occlusion Date of onset 1936Other contributory causes of importance: Hypertension 1932Name of operation None Date of _____What test confirmed diagnosis? C.P. Lab. Was there an autopsy? —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 _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Max E. Kaises, M. D.(Address) Wabash Hospital 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.

WHILE FURNISHING INFORMATION TO A PERMANENT RECORD

