

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

Do not use this space.

JAN 23 1937

45894

1. PLACE OF DEATH

County Randolph

Registration District No. 735

Township

Primary Registration District No. 3034

City

Moberly

(No. \_\_\_\_\_)

St. \_\_\_\_\_

Ward \_\_\_\_\_

File No. \_\_\_\_\_

Registered No. 261

2. FULL NAME

(a) Residence, No. 210 Horsley 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

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Female

Negro

widowed

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

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

Jan 8, 1869

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

77

10

24

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)

St. Matthews, Mo

MOTHER FATHER

13. NAME

Allen Wright

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

St. Matthews, Mo

15. MAIDEN NAME

Unknown

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

Unknown

17. INFORMANT

(ADDRESS)

Ms. Allie Davis  
210 Horsley St. Moberly, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

Home Dec 4 36

19. UNDERTAKER

(ADDRESS)

Tom B. Patton  
St. Matthews, Mo

20. FILED

12/4 1936 Virginia Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 2 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 20 1936 to Dec. 2 1936

I last saw him alive on Dec. 1 1936 Death is said to have occurred on the date stated above, at 109 a.m.

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

Cerebral Hemorrhage Date of onset \_\_\_\_\_

Other contributory causes of importance:

Neuroplegia

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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)

H. H. Hargrave, M. D.

(Address)

Moberly, Mo

