

MAR 29 1937

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

Do not use this space.

1. PLACE OF DEATH

County Vernon Registration District No. 875
Township Washington Primary Registration District No. 6162
City (No. _____) St. _____ Ward _____

File No. 9229
Registered No. 58

2. FULL NAME

Moses Limbaugh
(a) Residence, No. 7 West Nevada 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 M. 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 26, 1858

7. AGE YEARS 78 MONTHS 11 DAYS 19 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Bollinger Co -

13. NAME J. P. Limbaugh -

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bollinger Co -

15. MAIDEN NAME _____

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

17. INFORMANT Alva Limbaugh -
(ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL

PLACE Newton DATE Feb-19-1937

19. UNDERTAKER Beckinger
(ADDRESS) 700 First Home

20. FILED 2-20-37 M. Beckinger
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 17, 1937

22. HEREBY CERTIFY, That I attended deceased from Jan 28, 1937 to Feb 17, 1937
I last saw him alive on Feb 10, 1937 Death is said to have occurred on the date stated above, at 11:30 P.M.

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

Diabetes Mellitus Date of onset Don't know

Other contributory causes of importance none

Name of operation none Date of _____

What test confirmed diagnosis? Exam. 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) W. A. Pove M. D.

(Address) Nevada 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.

