

APR 26 1937

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

Do not use this space.

1. PLACE OF DEATH

County Randolph
Township
City Moberly (No. _____) St. _____ Ward _____

Registration District No. 735
Primary Registration District No. 3034

File No. 13115
Registered No. 66

2. FULL NAME

(a) Residence, No. 1026 West End 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 3, 1937

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

22. I HEREBY CERTIFY That I attended deceased from Nov. 28, 19____, to March 3, 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 27-73

I last saw her alive on March 3, 1937. Death is said to have occurred on the date stated above, at 4:50 P. m.

7. AGE YEARS 64 MONTHS 5 DAYS 3 If LESS than 1 day, _____ hrs. or _____ min.

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

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.
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Other contributory causes of importance:
Chronic Nephritis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

13. NAME W.F.

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

15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Moberly DAY March 6, 1937

19. UNDERTAKER (ADDRESS) Moberly Mo

20. FILED Mar 5, 1937 J. Ethel Coleston Registrar

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. D. Langdon, M. D.
(Address) 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.

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