

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

Do not use this space.

MAY 31 1937

File No. 17352

1. PLACE OF DEATH

County Randolph
Township 6
City Moberly (No. 235 Bedford)

Registration District No. 735
Primary Registration District No. 3034

Registered No. 100
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 235 Bedford 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 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 William James

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 13th 1846

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, hrs. or min.
90 11 20

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

13. NAME George Denny

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

15. MAIDEN NAME Marcy Painter

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

17. INFORMANT (ADDRESS) Mrs. M. M. James
Moberly, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Moberly, Mo DATE Apr 5th 1937

19. UNDERTAKER (ADDRESS) Mahoney and Son
Moberly, Mo

20. FILED Apr 5 1937 Ethel Colleton
Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Mar 19 1937 to Apr 3rd 1937

I last saw deceased alive on Apr 2nd 1937. Death is said to have occurred on the date stated above, at 7:45 a.m.

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

Fractured neck
right femur

Other contributory causes of importance: 1860 5

Name of operation Colon Cat Date of 3/19/37

What test confirmed diagnosis? X-ray Was there an autopsy? Yes

23. If death was due to external cause (violence, fall, etc.) in also the following: Accident, suicide, or homicide? Accident Date of injury 3/19/37

Where did injury occur? Home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury fell on log

Nature of injury fractured femur

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

If so, specify.

(Signed) M. M. James 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.

