

AUG 19 1937

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

Do not use this space.

26723

1. PLACE OF DEATH

County Buchanan Registration District No. 5
Township Primary Registration District No. 100
City St. Joseph (No. 1) Mo., Methodist Hospital St. 811 Ward

2. FULL NAME

Aranda May Moulin
(a) Residence, No. Gilman City, Mo. St. Ward. Delmar City, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Sylvester Moulin</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 6 1880</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>57</u>	<u>6</u>	<u>14</u>	
OCCUPATION	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. <u>Housewife</u>			
	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) <u>Harrison Co. Mo.</u>				
FATHER	13. NAME <u>W. D. King</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Boone Co. Ind.</u>			
MOTHER	15. MAIDEN NAME <u>Sarah Trussel</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Mo.</u>			
17. INFORMANT (ADDRESS) <u>Sylvester Moulin Gilman City, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Gilman City, Mo.</u> DATE <u>July 23 1937</u>				
19. UNDERTAKER (ADDRESS) <u>Walter Meierhoffer 1502 Farnam St.</u>				
20. FILED <u>7/20 1937</u> <u>A. J. Stebbins</u> Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20 1937

22. I HEREBY CERTIFY That I attended deceased from July 8th, 1937, to July 20, 1937.
Last saw h^er alive on July 30th, 1937. Death is said to have occurred on the date stated above, at 5 P. M.
The principal cause of death and related causes of importance were as follows:
Appendicitis, acute Date of onset 7-1-37
Peritonitis general 12 7-5-37
Other contributory causes of importance: Intestinal obstruction, acute 7-15-37

Name of operation Appendectomy Date of 7-8-37
What test confirmed diagnosis? Op. & post Was there an autopsy? Yes

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 Paul Forgrave, M. D.
(Signed) Paul Forgrave
(Address) Tootle Bldg. St. Joseph, 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.

