

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

Do not use this space.

AUG 30 1937

1. PLACE OF DEATH

County Randolph ²
Township
City Moberly (No. 600 Morehead)

Registration District No. 735 ✓
Primary Registration District No. 3034

File No. 28171
Registered No. 177
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 600 Morehead St., _____ Ward _____
(Usual place of abode)
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. (If nonresident, give city or town and State)

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>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 22nd 1847</u>		
7. AGE	YEARS	MONTHS
	<u>89</u>	<u>11</u>
		DAYS
		<u>22</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
<u>at home</u>		
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill</u>		
13. NAME <u>Henry Morrison</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No data</u>		
15. MAIDEN NAME		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
17. INFORMANT <u>J. L. Mark</u> (ADDRESS) <u>Moberly, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE	DATE	
<u>Moberly Mo</u>	<u>July 16th 1937</u>	
19. UNDERTAKER <u>McMahon and Son</u> (ADDRESS) <u>Moberly, Mo</u>		
20. FILED <u>July 17, 1937</u> <u>Etzel</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14th, 1937

22. I HEREBY CERTIFY That I attended deceased from July 13, 1937, to July 14, 1937
I last saw him alive on July 14, 1937. Death is said to have occurred on the date stated above, at 1:45 P.m.
The principal cause of death and related causes of importance were as follows:
Tuberculosis (Pulmonary) 1860
Fractured femur
7/13/37 - (shock) ✓
Date of onset General
yr.

Other contributory causes of importance:
None

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 7/13, 1937
Where did injury occur? Moberly (Specify city of town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
at home

Manner of injury fall
Nature of injury Broken hip

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) C. Smith, 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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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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

28171
Do not use this space.

1. PLACE OF DEATH

(a) County Pandolph Registration District No. 735
 (b) Township _____ Primary Registration District No. 3034 Registered No. 127
 (c) City Moberly (d) Street No. _____ St. _____
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Matilda Jane Mark

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>7</u>	4. COLOR OR RACE <u>w</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>wid</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE	YEARS	MONTHS
	<u>89</u>	<u>11</u>
		DAYS
		<u>22</u>
		IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as 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)		
FATHER	13. NAME	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
17. INFORMANT (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE	DATE	19.
19. FUNERAL DIRECTOR (ADDRESS)		
20. FILED <u>July 14, 1937</u> <u>Ethel Plester</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the _____ stated above, at _____ m.

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

Date of onset	
	<u>fractured femur 7/10/37</u>

Other contributory causes of importance: 1860

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Accident Date of injury 7/13, 1937
 Where did injury occur? Moberly
 (Specify city or town, county, and State)

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

Manner of injury fall

Nature of injury broken hip

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) E. C. Smythe, M. D.
 (Address) Moberly, Mo

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