

OCT 25 1937

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

Do not use this space.

35083

1. PLACE OF DEATH

County Randolph
Township
City Moberly (No. 710 W Coates)

Registration District No. 735
Primary Registration District No. 3034

File No.
Registered No. 216
St. Ward)

2. FULL NAME

Emma Dohs

(a) Residence, No. 710 W Coates 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 24th 1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
85 9 28

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) Pa

13. NAME Louis Eberhart

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

15. MAIDEN NAME no data

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

17. INFORMANT Mrs Bruce McDonald (ADDRESS) Moberly, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Moberly Mo DATE Sept 25th 1937

19. UNDERTAKER Mahan & Son (ADDRESS) Moberly Mo

20. FILED Sept 25, 1937 Edna Blunt Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 22nd 1937

22. I HEREBY CERTIFY, that I attended deceased from Jan 15, 1935 to Sept 22, 1937

I last saw him alive on Sept 22, 1937 Death is said to have occurred on the date stated above, at 9:10 P.M.

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

Date of onset

Senility

Other contributory causes of importance:

Hyperostotic arthritis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Yes Date of injury Sept 22, 1937

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

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

Manner of injury Yes

Nature of injury

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

If so, specify

(Signed) Lo Nikes, 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.

