

OCT 25 1937

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

Do not use this space.

1. PLACE OF DEATH

County RandolphRegistration District No. 735File No. 35086

Township

Primary Registration District No. 3034

Registered No.

City Moberly(No. 812 Myra)

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 812 Myra St. _____ Ward _____

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

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Mabel Black

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

July 7th 1886

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

5134

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Retired Bookman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Walsh RR

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)

Ill

MOTHER FATHER

13. NAME

James Black

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

Ill

15. MAIDEN NAME

Nancy Thompson

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

Ill

17. INFORMANT

(ADDRESS)

Mrs Mabel Black Moberly Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Moberly Mo

DATE

Oct 11th 1937

19. UNDERTAKER

(ADDRESS)

Mahan and Son Moberly Mo

20. FILED

Oct 11th 1937Etell Pleter Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 9th 193722. I HEREBY CERTIFY, That I attended deceased from May 37, 1937, to Oct 9, 1937I last saw him alive on Oct 9, 1937. Death is said to have occurred on the date stated above, at 2:50 P.M.

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

Chs. Myocarditis (spontaneous)

Date of onset

Other contributory causes of importance:

Chs. Myocarditis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No Date of injury _____, 1937

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

(Signed) W. C. Garfield, 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.

