

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.

NOV 22 1937

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

38471
Do not use this space.

301

1. PLACE OF DEATH

County Pettis
Township Sedalia
City Georgetown (No.)

Registration District No. 668
Primary Registration District No. 5889

File No. 297
Registered No. 668
St. Ward)

2. FULL NAME

Minnie E. Molden

(a) Residence, No. Georgetown Mo. 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 F 4. COLOR OR RACE col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry R. Molden

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 27, 1865

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>72</u>	<u>10</u>	<u>11</u>	

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

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

10. Date deceased last worked at this occupation (month and year) Aug. 1937 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pettis Co. Mo.

MOTHER FATHER 13. NAME William Finley

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

MOTHER 15. MAIDEN NAME Harriet Cunningham

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline Co. Mo.

17. INFORMANT Henry R. Molden (ADDRESS) Georgetown Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Georgetown Mo. DATE Oct. 21, 1937

19. UNDERTAKER F. W. Ferguson (ADDRESS) Sedalia

20. FILED 10-21-1937 Jean Black Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-18, 1937

22. I HEREBY CERTIFY, That I attended deceased from 9-16, 1937, to 10-18, 1937. I last saw her alive on 10-18, 1937. Death is said to have occurred on the date stated above, at 11:45 A.M.

The principal cause of death and related causes of importance were as follows:
mitral insufficiency Date of onset about 1932
simple diabetes
acute gastritis about 1905
Other contributory causes of importance: 10-4-1937

Name of operation none Date of 9/20
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury no

Where did injury occur? no (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify no
(Signed) M. E. Best, Ph.D., M.D.
(Address) Sedalia Mo.

