

DEC 20 1937

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

Do not use this space.

41514

## 1. PLACE OF DEATH

 County *Jackson*  
 Township *Chambers*  
 City *Lee's Summit* (No. .... St. .... Ward)

 Registration District No. *400*  
 Primary Registration District No. *5553B*

 File No. ....  
 Registered No. *202*

## 2. FULL NAME

*Mary G. Moberly*  
 (a) Residence, No. *R103 Lee's Summit* St. .... Ward.

 Length of residence in city or town where death occurred *15* 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 *F* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*

 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *W. L. Moberly*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Oct 1 - 1866*
 7. AGE YEARS MONTHS DAYS *71 1 29* LESS than 1 day, ..... hrs. or ..... min.

 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.

 10. Date deceased last worked at this occupation (month and year) *11/1/37* 11. Total time (years) spent in this occupation *all*
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Sullivan Ill*13. NAME *Ruben Weller*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *England*15. MAIDEN NAME *Charlotte T. Vincent*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Zanesville Ohio*17. INFORMANT (ADDRESS) *W. L. Moberly Lee's Summit*18. BURIAL, CREMATION, OR REMOVAL PLACE *Memorial Park* DATE *12/2/37*19. UNDERTAKER (ADDRESS) *W. B. Langford Lee's Summit*20. FILED *12-1-1937* *William J. Fields* Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov. 30 - 1937*
 22. I HEREBY CERTIFY, That I attended deceased from *November 23, 1937*, to *Nov. 30, 1937*

 I last saw her alive on *Nov. 20, 1937*. Death is said to have occurred on the date stated above, at *8:50 p.m.*

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

*Coronary Disease with Coronary Occlusion*
Date of onset *1936*

Other contributory causes of importance:

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?..... 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.....

(Signed) *Clint A. Miller* M. D.(Address) *Lee's Summit, 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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