

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.

Dr. Bruce
MAR 15 1938

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

Do not use this space.

6509

21. PLACE OF DEATH
County Leale Registration District No. 213
Township Jefferson Primary Registration District No. 3014
City Jefferson (No. 108 W. Atchison) St. Jefferson Ward 1102

2. FULL NAME Moses W. Schaffer
(a) Residence, No. 108 W. Atchison St. Ward 1102
(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.

File No. _____
Registered No. 48
St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF <u>Francis Gallers</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 1 - 1859</u>		
7. AGE	YEARS <u>78</u>	MONTHS <u>3</u>
	DAY <u>2</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>	11. Total time (years) spent in this occupation
	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>Memphis Iowa</u>		
FATHER	13. NAME <u>Sam Schaffer</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unkn</u>	
MOTHER	15. MAIDEN NAME <u>Mahaly Brown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Memphis Iowa</u>	
17. INFORMANT (ADDRESS) <u>Geo. Scott</u>		
18. BURIAL, CREMATION, OR REMOVAL PLA <u>Edinburg - Fulton</u> DATE <u>Feb 6</u> 19 <u>38</u>		
19. UNDERTAKER (ADDRESS) <u>Aderson - James</u>		
20. FILED <u>2/5/38</u> 19 <u>38</u> <u>Edinburg</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 4 1938

22. HEREBY CERTIFY, That I attended deceased from Jan 10, 1938 to Feb 4, 1938
I last saw him alive on Jan 25, 1938. Death is said to have occurred on the date stated above, at 7:30 m.
The principal cause of death and related causes of importance were as follows:
Decomposed
95% Heart
Arterio-sclerosis

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? Spectroscopy 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) J. G. Bruce M. D.
(Address) Jefferson City Mo

