

REC'D SEP 20 1938

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

Do not use this space.

29088

1. PLACE OF DEATH

County Jackson
Township Wm. A. Pat.
City Oak Grove (No. _____) St. _____ Ward _____

Registration District No. 402
Primary Registration District No. 4237

File No. _____
Registered No. _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Barbara Anne Motesinger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 11-1860

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
77 11 X

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

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) Mo. 013. NAME Hamilton Motesinger 114. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.C. 115. MAIDEN NAME Phoebe Medford16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.C.17. INFORMANT (ADDRESS) Barbara Anne Motesinger Oak Grove, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove, Mo. DATE 8-13-193819. UNDERTAKER (ADDRESS) G. W. Webb Oak Grove, Mo.20. FILED Aug 11 1938 Med. A. H. Mann Registrar.21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 11 193822. I HEREBY CERTIFY, That I attended deceased from Aug 1 1938, to Aug 11 1938I last saw him alive on Aug 10 1938. Death is saidto have occurred on the date stated above, at 3:50 A.M.

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

Emterio-colliterDate of onset Aug 6 1938H. D. P.

Other contributory causes of importance:

Inanition July 1 1938Name of operation none Date of _____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 _____, 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 none

Nature of injury _____

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

If so, specify _____

(Signed) Med. A. H. Mann, M. D.(Address) Oak Grove, Mo.

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CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

