

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

Do not use this space.

SEP 22 1938

1. PLACE OF DEATH

County Stoddard

Township Richland

City Gray Ridge (No. _____)

Registration District No. 839

Primary Registration District No. 6101

File No. 30174

Registered No. 28

St. _____

Ward _____

2. FULL NAME

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

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

4. COLOR OR RACE

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

male

Colored

married

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

Eva Moton

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

12-27-1889

7. AGE

YEARS

MONTHS

DAYS

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

46

7

5

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

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

Life

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

Meredith Mississippi

13. NAME

Milton Moton

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

Mississippi

15. MAIDEN NAME

Watkinson

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

Watkinson

17. INFORMANT (ADDRESS)

Eva Moton Gray Ridge, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Dexter

DATE

7-28 1938

19. UNDERTAKER (ADDRESS)

Watkinson Funeral Home Dexter, Mo

20. FILED

8-25 1938

J. P. Brandon Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-27 1938

22. I HEREBY CERTIFY, That I attended deceased from June 3-31 1938 to July 27-28 1938

I last saw him alive on July 5-1 1938; Death is said to have occurred on the date stated above, at 3:00 P.M.

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

Mitral Regurgitation Date of onset 1919

Other contributory causes of importance:

Name of operation None Date of _____

What test confirmed diagnosis? Urinal Was there an autopsy? Yes

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. P. Brandon, M. D.

(Address) Cassidy, 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.

OCT 8 1945

MAY 25 1945