

FEB 18 1938

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

Do not use this space.

35367

1. PLACE OF DEATH

County Cass Registration District No. 160
Township _____ Primary Registration District No. 4094
City West Line (No. _____) St. _____ Ward _____

2. FULL NAME No name given

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 28, 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 0

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
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) West Line (STATE OR COUNTRY) Mo.

FATHER 13. NAME Ernest Austin Moul

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

MOTHER 15. MAIDEN NAME Evelyn Beryl Richardson

16. BIRTHPLACE (CITY OR TOWN) West Line (STATE OR COUNTRY) Mo.

17. INFORMANT Ernest Moul (ADDRESS) West Line Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Glennwood DATE Oct 29, 1938

19. UNDERTAKER (ADDRESS) _____

20. FILED Oct 29, 1938 May Meador Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to Oct. 28, 1938

I last saw h. _____ alive at stillborn, 19____. Death is said

to have occurred on the date stated above, at _____ m.

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

Eclampsia of mother Date of onset _____

Other contributory causes of importance:

premature

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?

If so, specify _____

(Signed) W. A. Moore, M. D.

(Address) Cleveland, 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.

