

MAR 21 1939

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

Do not use this space.

1. PLACE OF DEATH
 86 County Putnam 2 Registration District No. 718
 Township Marion 1 Primary Registration District No. 5-947
 City Unionville No. _____ St. _____ Ward _____
 2. FULL NAME Thomas Spear Moler
 (a) Residence, No. _____ St. _____ Ward _____ (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.

7561

File No. _____
 Registered No. 8

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
 4. COLOR OR RACE W
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Katharine Moler
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 9 - 1879
 7. AGE YEARS 00 MONTHS — DAYS 14 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. Farmer & Stockman
 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) Beaumont, Mo
 FATHER
 13. NAME Thomas S. Moler
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Conn.
 MOTHER
 15. MAIDEN NAME Mrs. Lutzbach
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio
 17. INFORMANT (ADDRESS) Bess Moler, Unionville, Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Unionville DATE Feb 28 1939
 19. UNDERTAKER (ADDRESS) W. H. Heston, Unionville, Mo
 20. FILED Feb 28, 1939 W. W. Killman Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 28 1939
 22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1939 to Feb 28 1939
 I last saw him alive on Feb 22 1939. Death is said to have occurred on the date stated above, at 2:00 P.M.
 The principal cause of death and related causes of importance were as follows:
Arteriosclerosis
Arteritis
 Date of onset 1930
 Other contributory causes of importance:
Heart trouble
Heart attack
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 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) C. E. C. Steady, M. D.
 (Address) Blainfield, Iowa

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state CAREFULLY and accurately the cause of death.

RECEIVED

District Health Officer No. 10

District File Number 10-39-391

Date Filed MAR 3 1939