

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

15875

State File No. _____

MAY 17 1940
Registration District No. 35

Primary Registration District No. 3034

Registrar's No. 89

1. PLACE OF DEATH:
(a) County Randolph
(b) City or town Moberly
(c) Name of hospital or institution:
1209 Bond
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 67 yrs (years, months or days)

3. (a) PRINT FULL NAME Minnie Voth 300
8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Henry Voth 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec 22nd 1849
(Month) (Day) (Year)

8. AGE: Years 90 Months 3 Days 29 If less than one day _____ hr. _____ min.

9. Birthplace Germany
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

12. Name No data

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name _____
(City, town, or county) (State or foreign country)

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs Wm Helen Smith
(b) Address Moberly Mo

17. (a) Burial (b) Date thereof Apr 23rd 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly Mo
18. (a) Signature of funeral director Mahan and Son
(b) Address Moberly Mo

19. (a) April 23-40 (b) Leah Williams
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Randolph
(c) City or town Moberly
(If outside city or town limits, write "RURAL")
(d) Street No. 1209 Bond St
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month apl day 21st
year 1940 hour 11 minute 45 P. M.

21. I hereby certify that I attended the deceased from Apr 19th
_____ 1940 to Apr 20 1940

that I last saw him alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronal Artery Thrombosis
Polycystic Kidney Disease
Stroke
Due to _____
Due to _____

Duration
2 days

Other conditions (include pregnancy within 3 months of death) HTN

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
925 (Specify type of place) (e) Means of injury _____

23. Signature J. H. Meade (M. D. or other) _____
Address Moberly Mo Date signed 4/24/40

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.

RECEIVED

District Health Officer No. 10

District File Number 5-40-1061

Date Filed MAY 15 1940

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.

working under my personal supervision.

Signed Frank S. DeWitt

Licensed Embalmer No. 3071

P. O. Address Proterby Me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.