

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.

MAR 26 1931
MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Boling
6582

1. PLACE OF DEATH

County Pittsburg
Township Flag Creek
City Sedalia (No. 37 Mo. S. F. City)

Registration District No. 668
Primary Registration District No. 581

File No. _____
Registered No. 60
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 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 29 1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
48 5 26

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer) 235
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) unk 31

10. NAME OF FATHER H.C. Mooley

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) unk

12. MAIDEN NAME OF MOTHER unk

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) unk

14. INFORMANT Henry Schneider
(Address) Sedalia, Mo.

15. FILED 2-18, 1931
REGISTRAR J. Love

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 15 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb 14 to Feb 15, 1931, that I last saw him alive on Feb 15, 1931, and that death occurred, on the date stated above, at 2 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Uremic Coma
131
132 B
(duration) _____ yrs. _____ mos. 7 ds.
CONTRIBUTORY (SECONDARY) Chronic nephritis
Interstitial
(duration) 7 yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED?

IF NOT AT PLACE OF DEATH, _____
DID AN OPERATION PRECEDE DEATH? NO DATE OF _____
WAS THERE AN ACCIDENT? NO
WHAT TEST CONFIRMED DIAGNOSIS? Chronic symptoms
(Signed) Edw. Bolling, M.D.
Feb 15, 1931 (Address) Sedalia, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Ph. Hill Penn. 2/17 1931
20. UNDERTAKER Gillespie
ADDRESS Sedalia

