

APR 18 1936

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

Do not use this space.

10304

## 1. PLACE OF DEATH

County HenryRegistration District No. 14

Township

Primary Registration District No. 4211City Windsor

(No. \_\_\_\_\_)

St. \_\_\_\_\_

Ward \_\_\_\_\_

2. FULL NAME Lesda Moulder

(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

Female

## 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)

Sept. 12, 1913

## 7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

2265

## OCCUPATION

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

worker in shoe factory

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)

Linn Creek Missouri

## FATHER

## 13. NAME

Dillard Moulder

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

Linn Creek Missouri

## MOTHER

## 15. MAIDEN NAME

Minnie Williams

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

Linn Creek Missouri

## 17. INFORMANT (ADDRESS)

Mrs. Minnie Moulder Windsor, Mo.

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE Windsor, Mo. DATE Mar. 18th, 1936

## 19. UNDERTAKER (ADDRESS)

Huston-Turner Windsor, Mo.

## 20. FILED

3-18

19

36[Signature]  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 17, 193622. I HEREBY CERTIFY, That I attended deceased from March 15, 1936, to March 17, 1936I last saw him alive on March 17, 1936. Death is saidto have occurred on the date stated above, at 1:00 P. M.

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

Date of onset

Lobar pneumonia March 15

Other contributory causes of importance

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? no

If so, specify \_\_\_\_\_

(Signed) Roy B. Jordan, M. D.(Address) Windsor, 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.

