

REC'D AUG 10 1938

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

Do not use this space.

1. PLACE OF DEATH

County

Township

City

Registration District No.

Primary Registration District No.

(No.

St.

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.,

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 56 yrs. 1 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Female

White

married

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

John E. Dall

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

June 3rd 1882

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

56

1

2

OCCUPATION

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

Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Own-home

10. Date deceased last worked at this occupation (month and year)

1938

11. Total time (years) spent in this occupation

30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Henry Mo

0

13. NAME

Fred Moese

9

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

Dont know

15. MAIDEN NAME

Mary Henry

1

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

Ohio

17. INFORMANT (ADDRESS)

John E. Dall
Mich Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Muller Co.

DATE

July 11th 1938

19. UNDERTAKER (ADDRESS)

Trahan Funeral Co

20. FILED

- 18 1938 Dr J R Hampton

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 9th 1938

22. I HEREBY CERTIFY, That I attended deceased from

May 26 1938, to July 9th 1938I last saw him alive on July 5th 1938 Death is saidto have occurred on the date stated above, at 8⁰⁰ P. m.

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

Mitral Insufficiency with General Atherosclerosis

Date of onset 1 yr

Other contributory causes of importance:

Rheumatism some time ago

2 yrs?

Name of operation none Date of

What test confirmed diagnosis? Physical 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) J. S. McDonald

(Address) Ulrich Mo, M. D.

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WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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