

REC'D MAY 16 1939

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

Do not use this space

14971

## 1. PLACE OF DEATH

42 County Henry 2  
Township Shawnee 1  
City Clinton Mo (No. \_\_\_\_\_)

Registration District No. 358  
Primary Registration District No. 8502

File No. \_\_\_\_\_  
Registered No. 6  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residence, No. \_\_\_\_\_

(Usual place of abode)

Length of residence in city or town where death occurred 29 yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-10-1867

7. AGE YEARS 72 MONTHS 3 DAYS 10 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shelby Co Illinois13. NAME Wm Moberly14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry Co Kentucky15. MAIDEN NAME Martha E. Martin16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky17. INFORMANT Lena Moberly (ADDRESS) Clinton Mo18. BURIAL, CREMATION, OR REMOVAL Hollywood DATE 4-22-3919. UNDERTAKER Fred W. Johnson (ADDRESS) Chester Mo20. FILED Apr 26 1939 C. H. Huber Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-20-3922. I HEREBY CERTIFY, That I attended deceased from 4-18, 1939, to 4-20, 1939.

I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said

to have occurred on the date stated above, at 1:50 PM.

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

Date of onset

apoplexy of the brain 4-18-39

Other contributory causes of importance:

arteria sclerosis 1936

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) M. Huber, M. D.(Address) Clinton Mo

RECEIVED

District Health Officer No. 7,

District File Number 7-39-770

Date Filed 5-9-39