MAR 28 1930

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

Do not use this space.

10132

1. PLACE OF DEATH

County St. Louis — Registration District No. 1123 — File No.

Township Carondelet — Primary Registration District No. 6248 B — Registered No. 53

City Jefferson Barracks, Mo. (Name) U.S. Veterans Hospital, Jefferson Brks, Mo. (St. Ward)

2. FULL NAME Hezekiah Molden.

(a) Residence. No. 2600 - 5th Ave., St. Council Bluffs, Iowa. Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred un yrs. kn mos. own 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)
Male	COLORED	Married.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 15, 1889

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ___ hrs. or ___ min.
	40	3	18	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Chauffeur.
(b) General nature of industry, business, or establishment in which employed (or employer) Unavailable.
(c) Name of employer Unavailable.

9. BIRTHPLACE (CITY OR TOWN) Phelps City, (STATE OR COUNTRY) Missouri.

PARENTS
10. NAME OF FATHER Unavailable.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unavailable. (STATE OR COUNTRY) Unavailable.
12. MAIDEN NAME OF MOTHER Unavailable.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unavailable. (STATE OR COUNTRY) Unavailable.

14. INFORMANT C. H. Smith, Clinical Director. (Address) U.S. Veterans Hospital, Jefferson Barracks, Mo.

15. FILED Mar 3 1930 L. C. Obrock M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 3, 1930

17. I HEREBY CERTIFY, That I attended deceased from June 13, 1929, to March 3, 1930 that I last saw him alive on March 3, 1930, and that death occurred, on the date stated above, at 2:40 PM. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis chronic.
9.3 C
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Unknown
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical, X-Ray & Laboratory findings.
(Signed) W. C. Gibson, M.D., M.D.
19 (Address) Medical Officer in Charge. U.S. Veterans Hospital, Jefferson Brks, 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 Omaha Nebraska — DATE OF BURIAL 3/4 1930

20. UNDERTAKER C. Hoffmeister U. L. Co — ADDRESS 7814 So Bdwy

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.