

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

Do not use this space.

33284

1. PLACE OF DEATH
 County Randolph Registration District No. 735
 Township _____ Primary Registration District No. 3034
 City Moberly (No. 903 no Morley) St. _____ Ward _____
 2. FULL NAME Edward G. Moberly
 (a) Residence, No. 903 no Morley 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.

File No. _____
 Registered No. 84
 St. _____ Ward _____

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 Annie Moberly
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 6th 1870
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 2 28
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker 23
 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) Mo 1
 13. NAME Henry C. Moberly
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo
 15. MAIDEN NAME Ruth Noel
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo
 17. INFORMANT Mrs Annie M. Moberly
 (ADDRESS) Moberly Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Madison DATE Oct 6th 1932
 19. UNDERTAKER Mahan 3rd Son
 (ADDRESS) Moberly Mo
 20. FILED 10/6 32 Thos. J. Fleming
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 4th 1932
 22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.
 I last saw h_____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
Suicide by hanging
167 / 167
 Other contributory causes of importance: _____
 (5)
 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? Suicide Date of injury Oct 4, 1932
 Where did injury occur? _____ (Specify city or town, county, and State)
Garage private
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury _____
 Nature of injury strangulation
 24. Was disease or injury in any way related to occupation of deceased? yes
 If so, specify Brooding over unemployment
 (Signed) C. D. Dixer M. D.
 (Address) Moberly Mo

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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