

APR 16 1936

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

Do not use this space.

9590

1. PLACE OF DEATH

County Cape GirardeauRegistration District No. 134Township Jackson moPrimary Registration District No. 4070City Jackson mo (No. _____)

File No. _____

Registered No. 11

St. _____ Ward _____

2. FULL NAME

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jeltha Proffw Moll6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 16 18507. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 86 1 5

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

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) Germany13. NAME John Moll14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME Catherine Proffw16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany17. INFORMANT (ADDRESS) Mrs Lucher Schadling Jackson mo18. BURIAL, CREMATION, OR REMOVAL PLACE Lucell Heights DATE Mar 17 193619. UNDERTAKER (ADDRESS) McComb Tom Leedy Jackson mo20. FILED 3-17-36 D. G. Luben Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-15 193622. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1935 to Mar 15, 1936I last saw him alive on 3-15 1936. Death is saidto have occurred on the date stated above, at 6:45 p.m.

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

Cerebral apoplexy Date of onset 3 wksOther contributory causes of importance: Chronic Bronchitis

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) D. G. Luben, M. D.(Address) Jackson 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.

