

JUL 30 1936

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

Do not use this space.

26075

1. PLACE OF DEATH

County Daviess
Township Union
City Gallatin

Registration District No. 250
Primary Registration District No. 4150

File No. _____
Registered No. 784
St. _____ Ward _____

2. FULL NAME Edward Achilles Moles

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. da. How long in U. S., if of foreign birth? _____ yrs. mos. da. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March, 29, 1862

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
74 3 18

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. Agriculture

10. Date deceased last worked at this occupation (month and year) June 1936 11. Total time (years) spent in this occupation. Life

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

13. NAME Achilles Moles

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

15. MAIDEN NAME Elizabeth Ann McCray

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

17. INFORMANT Miss Iron Moles (ADDRESS) Gallatin, Mo.,

18. BURIAL, CREMATION, OR REMOVAL PLACE Jamesport, Mo DATE July 19, 36

19. UNDERTAKER Hope Furn. & Undt. Co., (ADDRESS) Gallatin, Missouri

20. FILED 7-20 1936 Ph Gardner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 1935 to July 17, 1936
I last saw him alive on July 17, 1936 Death is said to have occurred on the date stated above, at 8:45 AM

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

Chronic Myocarditis Date of onset 1935-

Other contributory causes of importance:

Chronic Bronchomyositis 6 mo

Name of operation _____ Date of _____
What test confirmed diagnosis? Physical 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) Floyd E. Nelson, M.D.
(Address) Gallatin, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS' SIGNATURE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATE OF MISSOURI)

SS.

County of Daviess)

Floyd E. Nelson being duly sworn on his oath states:

That his post office address is Gallatin, Missouri; that he is the physician who signed the Death certificate of Edward Achilles Moles, who died July 17th, 1936 and who filled out the Medical Certificate of death in connection therewith; that paragraph 22 was made out erroneously in that ~~he~~^{it} showed he attended deceased from June 1935 to July 17th, 1936, whereas it should have been from June 1936 to July 17, 1936; and said paragraph 22 was further erroneous in that it shows date of onset of chronic myocarditis ~~would~~^{to} have been in 1935 whereas it should have been 1936; and this affiant asks that said certificate be corrected in accordance herein or that a new certificate be filed in lieu of the former certificate showing ~~the~~^{these} corrections;

Dr. Floyd E. Nelson

Subscribed and sworn to before me this 1st day of August, 1936.

My commission expires March 6th, 1939.

L. F. Gallero
Notary Public.

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County Daviess Registration District No. _____
Township Union Primary Registration District No. _____
City Gallatin (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME Edward Achilles Moles

(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 2 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 29, 1862

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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. Agriculture
10. Date deceased last worked at this occupation (month and year) June 1936 11. Total time (years) spent in this occupation. Life

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

MOTHER 13. NAME Achillies Moles

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

15. MAIDEN NAME Elizabeth Ann McCray

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

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Other contributory causes of importance 1/31

Chronic Parenchymatous Nephritis 6 Mos.

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical Laboratory 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)
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(Signed) Floyd E. Nelson M. D. O.
(Address) Gallatin, Mo.