

DEC 4 1936

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

Do not use this space.

38757

1. PLACE OF DEATH

County Randolph
Township Moberly
City Moberly (No. 221 So. Morley)

Registration District No. 735
Primary Registration District No. 3034

File No. _____
Registered No. 215
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 221 So. Morley St., _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 6th 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 | 4 | 8

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

13. NAME Starlan Deskin

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Mrs. Geo. Deskin Moberly Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Deskin cemetery DATE 10-16-36

19. UNDERTAKER (ADDRESS) Mahon and Son Moberly Mo

20. FILED 10/15 1936 Virginia Walker Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 14th 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 7 1936 to Oct 14 1936

I last saw him alive on Oct 14 1936 Death is said to have occurred on the date stated above, at 10¹⁵ AM

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

Other contributory causes of importance: _____
Ch. Myocarditis

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? _____
If so, specify _____ (Signed) Ch. G. Gifford 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.

