

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

Do not use this space.

1939 OCT 1

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1. PLACE OF DEATH

County Clay Registration District No. 700
Township Kearney Primary Registration District No. 4120
City Kearney (No. _____) St. _____ Ward _____

File No. 32184
Registered No. 6

2. FULL NAME Stonewall Jackson Moberly

(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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 11th 1939

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Mrs C. A. Moberly

22. I HEREBY CERTIFY, That I attended deceased from June, 1939, to Aug 11th, 1939
I last saw h. i. m. alive on July 29, 1939 Death is said to have occurred on the date stated above, at 3 a. m.,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 16th 1868

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
70 9 26

Acute Pulmonary edema Date of onset 8-11-39

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

Hypertensive Heart Disease 1915
Arteriosclerosis 1915

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) Missouri

13. NAME Henry B. Moberly

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

15. MAIDEN NAME Anna E. Williams

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

17. INFORMANT Mrs C. A. Moberly (wife)
(ADDRESS) Kearney

18. BURIAL, CREMATION, OR REMOVAL PLACE Barnesville Cent DATE Aug 13 1939

19. UNDERTAKER Leonard Foy
(ADDRESS) Kearney Mo

20. FILED 8/12 1939 Phas. H. Smith Registrar.

Other contributory causes of importance:
Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical 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) N. P. Schumacher, M. D.
182 (Address) Kearney Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
MAY 10 1959
OFFICE NO. 8

Issue File Number 10/14/59
to Filed