

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

Do not use this space.

14570

32

1. PLACE OF DEATH

County St. Francois
Township St. Francois
City Flat River (No.)

Registration District No. 774
Primary Registration District No. 4465

File No.
Registered No.
St. Ward)

2. FULL NAME

David A. Moody

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		

6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Nov 24 - 1872</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ... hrs. or ... min.
	<u>55</u>	<u>7</u>	<u>15</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Oil Drilling

(b) General nature of industry, business, or establishment in which employed (or employer) not known

(c) Name of employer

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

PARENTS	10. NAME OF FATHER <u>William W. Moody</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Texas</u>
	12. MAIDEN NAME OF MOTHER <u>Carolina Nabbs</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Texas</u>

14. INFORMANT Mrs. David Moody
(Address) Flat River, Mo.

15. FILED May 9, 1928 F. L. Presch
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 9th 1928

17. I HEREBY CERTIFY, That I attended deceased from April 9th, 1928, to April 9th, 1928, and that I last saw him alive on April 5, 1928, and that death occurred, on the date stated above, at 4:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy due to very high blood pressure

102 (duration) yrs. mos. da.

82 R (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) 1401 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS.....
(Signed) J. A. Meekins, D.O. M.D.
(Address) Flat River, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Bourne, Tenn. Mo. 4/11 1928

DATE OF BURIAL

20. UNDERTAKER Raymond Caldwell ADDRESS Clarks

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.

