

DEC 26 1928

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

Do not use this space.

36517

1. PLACE OF DEATH

County Dunk  
Township Spring Level  
City (No. ....) .....

Registration District No. 266  
Primary Registration District No. 3-370

File No. ....  
Registered No. 17  
St. .... Ward)

2. FULL NAME

Ivan A. Mooney

(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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Male | White | Sngl.

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

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

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

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None  
(b) General nature of industry, business, or establishment in which employed (or employer) .....

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

10. NAME OF FATHER Joe Mooney

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Dunk Co  
(STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Viola Reynolds

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Reynolds Co  
(STATE OR COUNTRY) Mo

14. INFORMANT Joe Mooney  
(Address) Salem, Mo

15. FILED 11/16, 1928 W.E. Rudd, M.D.  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 15<sup>th</sup> 19 28

17. I HEREBY CERTIFY That I attended deceased from Nov. 12<sup>th</sup>, 19 28, to Nov. 15<sup>th</sup>, 19 28, and that I last saw h. mv alive on Nov. 16<sup>th</sup>, 19 28, and that death occurred, on the date stated above, at 11 0 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Broncho-pneumonia  
107H  
(duration) .... yrs. .... mos. .... ds.

CONTRIBUTORY (SECONDARY) .....

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH: .....

19. DID AN OPERATION PRECEDE DEATH? No DATE OF .....

20. WAS THERE AN AUTOPSY? no  
WHAT TEST CONFIRMED DIAGNOSIS? Urinal Phys.  
(Signed) W.E. Rudd, M.D.  
, 19 (Address) Salem, 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 Jack Leminary DATE OF BURIAL 11/17 19 28

20. UNDERTAKER W.S. Spencer ADDRESS Salem, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PE

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

RECORD

WHITE PAPER WITH UNREADABLE

RECORDS OF THE ...

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Great Registration District No. 266 File No. ....  
Township Spring Creek Primary Registration District No. 5370 Registered No. 17  
City (No. ....) 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 S  
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 3<sup>rd</sup> - 1928

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
4 12

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

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

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

14. INFORMANT (Address)

15. FILED 11/16 1928 W.E. Rudd, M.D. REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 15 - 1928

17. I HEREBY CERTIFY That I attended deceased from ..... 19....., 19....., and that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at..... m.

**THE CAUSE OF DEATH WAS AS FOLLOWS:**

Bronchitis - Pneumonia  
Not following measles  
or Whooping Cough  
(duration) .... yrs. .... mos. .... ds.

CONTRIBUTORY (SECONDARY) (duration) .... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) W.E. Rudd, M. D. , 19 (Address) Saline, 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 DATE OF BURIAL

20. UNDERTAKER ADDRESS

MISSOURI STATE BOARD OF HEALTH - BUREAU OF VITAL STATISTICS - PERMANENT

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYLACIA is not a state. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of CAUSE OF DEATH is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE AS PRESCRIBED BY LAW

SUPPLEMENTARY

S-26517