

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

Do not use this space.

20940

PLACE OF DEATH

County Jefferson
Township Jefferson
City Jefferson (No.)

Registration District No. 165
Primary Registration District No. 5230

File No.
Registered No. 81
St. Ward

2. FULL NAME Yessy Moon

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 31-1861

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
68 0 12

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

10. NAME OF FATHER Harmon Moon

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

12. MAIDEN NAME OF MOTHER unknown

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

14. INFORMANT L. O. Earnest
(Address) Humansville Mo

15. FILED July 19 28 E. S. Smith REGISTRAR
Mary Bayless

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 13 19 29

17. I HEREBY CERTIFY, That I attended deceased from 19.....
that I last saw him and not again on June 13, 19....., and that death occurred, on the 13 day of June, 19....., at 9:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
from symptoms of cerebral hemorrhage due to hardened arteries

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

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) A. J. Stephens, M. D.
, 1929 (Address) Humansville 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 Juniper Cemetery DATE OF BURIAL June 19 29

20. UNDERTAKER R. A. Joseph ADDRESS 3149 Mo Humansville

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.

DEPARTMENT RECORD

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