

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

Do not use this space.

25900

**1. PLACE OF DEATH**

County Buchanan Registration District No. 85

Township St Joseph Primary Registration District No. 1001

City St Joseph (No. 503 Hamburg St. Ward)

File No. 890  
Registered No. 890  
St. Ward

**2. FULL NAME**

(a) Residence. No. 503 Hamburg 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. 2 mos. 0 ds. How long in U. S., if of foreign birth? yrs. 0 mos. 0 ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) M

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 1, 1868

7. AGE YEARS 61 MONTHS 8 DAYS 0 If LESS than 1 day, ..... hrs. or ..... min.

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

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

10. NAME OF FATHER James K. Moproc

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

12. MAIDEN NAME OF MOTHER Jose M. Lee

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

14. INFORMANT O.H. Clark (Address) St Joseph Mo

15. FILED AUG 1 1930 John G. Galt REGISTER

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 1 1930

17. I HEREBY CERTIFY, That I attended deceased from July 31 1930 to Aug 1 1930 that I last saw her alive on July 21 1930, and that death occurred, on the date stated above, at 12:40 P.M.

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

acute myocardial infarction  
99%  
embolism (duration) ..... yrs. .... mos. .... ds.

CONTRIBUTORY (SECONDARY) POW (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? yes

WHAT TEST CONFIRMED DIAGNOSIS physical findings (Signed) H. P. Walker M. D.

871 .1930 (Address) mercy hospital  
\*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 Memorial Park DATE OF BURIAL Aug. 2, 1930

20. UNDERTAKER Fleeman Funeral ADDRESS 1926 Colburn  
**FLEEMAN FUNERAL HOME, INC.**

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.

SEP 22 1930

