

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 24 1930

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

Do not use this space.

26150

1. PLACE OF DEATH

County Barren
Township Brunswick
City New Brunswick (No.)

Registration District No. 169
Primary Registration District No. 5235

File No.
Registered No. 23
St. 5 Ward

2. FULL NAME Vernon O. Moody

(a) Residence. No. St. Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept-13-1924

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
5 10 25

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None 11.5
(b) General nature of industry, business, or establishment in which employed (or employer) ✓
(c) Name of employer

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

10. NAME OF FATHER Clyde J. Moody

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

12. MAIDEN NAME OF MOTHER Nettle Gilliam

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

14. INFORMANT A. W. Gilliam
(Address) Brunswick Mo.

15. FILED 8/9 1930 Harry E. Tatum
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 8 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug 3 1930 to Aug 7 1930 that I last saw him alive on Aug 7 1930, and that death occurred, on the date stated above, at 2:30 a m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Tuberculosis

109 B? (duration) yrs. mos. 10 ds.

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

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. G. Brown M. D.

Aug 9 1930 (Address) Brunswick 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 Marshall Mo DATE OF BURIAL Aug 10 1930

20. UNDERTAKER K. Messel Brunswick Mo ADDRESS

