DEC 22 1930

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

Do not use this space.

32750 a

1. PLACE OF DEATH
County Iron — Registration District No. 391 — File No.
Township Arcadia — Primary Registration District No. 5246a — Registered No. 59
City ..... (No. ..... St. ..... Ward)

2. FULL NAME ~~Mrs Jennie~~ Minerva Jane Moon 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: Woman
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: James M. Moon

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan. 5 - 1859

7. AGE: Years 71 — Months 9 — Days 14 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Invalid
(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): Kentucky

PARENTS
10. NAME OF FATHER: Joseph Jackson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Kentucky
12. MAIDEN NAME OF MOTHER: Not Known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): not Known

14. INFORMANT: P. J. Bingham
(Address): Bonne Terre, Mo

15. FILED 11/12 1930 R A Rasche REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct 19 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct 18, 1930, to Oct 18, 1930 that I last saw her alive on Oct 18, 1930 and that death occurred, on the date stated above, at 6-0 clock a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Diabetes Mellitus
19
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 57
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: Bonne Terre Mo
DID AN OPERATION PRECEDE DEATH? yes DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) Edward L G Barnhouse, M. D.
Oct 19th 1930 (Address) Irontou 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: Bonne Terre Mo. Bonne Terre Cemetery
DATE OF BURIAL: 10/21 1930

20. UNDERTAKER: Bingham Mud. Co
ADDRESS: Bonne Terre, Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.