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

Do not use this space.

File No. 2060

Registered No. 1

1. PLACE OF DEATH
County: Madison
Township: Fornceau
City: Morgnaud (No. ..... St. ..... Ward)

Registration District No. 539
Primary Registration District No. 4320

FEB 2 1931

2. FULL NAME: Theodric Moyers

(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 50 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, WIDOWED OR DIVORCED (write the word): married

5a. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF: Mrs. Theodric Moyers

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb 20 1858

7. AGE: Years 72 | Months 11 | Days 4 | If LESS than 1 day, ... hrs. or ..... min.

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): Madison Co
(STATE OR COUNTRY): Mo

PARENTS
10. NAME OF FATHER: Jacob Moyers
11. BIRTHPLACE OF FATHER (CITY OR TOWN):
(STATE OR COUNTRY): Mo
12. MAIDEN NAME OF MOTHER: Mariah Underwood
13. BIRTHPLACE OF MOTHER (CITY OR TOWN):
(STATE OR COUNTRY): Mo

14. INFORMANT: Mrs Theodric Moyers
(Address): Morgnaud Mo

15. FILED Jan 25 1931 M Coor
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan 24 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1931, to Jan 24, 1931, that I last saw him alive on Jan 17, 1931, and that death occurred, on the date stated above, at 3 Am m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
carcinoma of liver
48 hrs
Uremia (duration) 1 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) H Harry Barron, M. D
1/28, 1931 (Address) Fredericktown 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: Rhodes Chapel | DATE OF BURIAL: Jan 25 1931

20. UNDERTAKER: Homan & Co | ADDRESS: Morgnaud Mo

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.

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