

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township St Joseph

Primary Registration District No. 1001

City St Joseph (No. 1824, Howard)

File No. 20625
Registered No. 640
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1824 Howard St., _____ Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 7 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 Jarrah Moorman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 1 - 1893

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
38 1 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unknown

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Warensburg (STATE OR COUNTRY) Kentucky

13. NAME John E Moorman

14. BIRTHPLACE (CITY OR TOWN) Andersonburg (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Jessie Ann Moorman

16. BIRTHPLACE (CITY OR TOWN) Big Spring (STATE OR COUNTRY) Kentucky

17. INFORMANT Jo. Moorman (ADDRESS) Paris, Ky. Neb.

18. BURIAL, CREMATION, OR REMOVAL PLACE St Joseph DATE 6-19-31

19. UNDERTAKER Fleming Funeral Home (ADDRESS) St Joseph

20. FILED 6-18-31, 1931 John R Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 17 - 1931

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset 750

Other contributory causes of importance: 1300 m. m.

Name of operation None Date of _____

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____.

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____ Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) B. W. Tadlock-Coroner, M. D. (Address) 821 Francis

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.

JUN 22 1931

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MAY 2 1945