FEB 24 1932

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

Do not use this space.
40773-a

1. PLACE OF DEATH
County: Harwell Registration District No.: 383 File No.: 11
Township: Gadsberry Primary Registration District No.: 5534 Registered No.: 5
City: Mt View Mo. (No. ..... St. ..... Ward)

2. FULL NAME: James L. Moyer
(a) Residence, No. Mt View Mo. St., ... Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred: 5 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: Henrietta Moyer
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 24-1857
7. AGE: Years 75 Months 3 Days 5 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

FATHER
13. NAME: Nicholas Moyer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Switzerland

MOTHER
15. MAIDEN NAME: Not Known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not Known

17. INFORMANT (ADDRESS): D. A. Moyer Cimarron Kan.
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mt View DATE: Dec 30 1931
19. UNDERTAKER (ADDRESS): John F. Duncan Mt View Mo.
20. FILED: 29 1932 B. F. Rose Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 29 1931
22. I HEREBY CERTIFY, That I attended deceased from Dec-11-, 1931, to Dec-29-, 1931
I last saw him alive on Dec-2-, 1931. Death is said to have occurred on the date stated above, at 1 PM.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
23A	
" 108	

Other contributory causes of importance: Tuberculosis

Name of operation: — Date of: —
What test confirmed diagnosis? Lysis Was there an autopsy? No

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) T. Eberle, M. D.
(Address) Mt View Mo

MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Howell — Registration District No. 383 — File No.

Township Goldberry — Primary Registration District No. 5534 — Registered No. 5

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME James W. Moye

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

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

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

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

OCCUPATION

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

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

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

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

FATHER

13. NAME

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

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE ..... DATE ....., 19....

19. UNDERTAKER (ADDRESS)

20. FILED 2-9, 1932 G F Gore Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 29, 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 ..... m.

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

	Date of onset
Lobar pneumonia	

Other contributory causes of importance:

Tuberculosis of Lungs

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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) ....., M. D.

(Address) .....

SUPPLEMENTARY

TRARS SHALL NOT RECEIVE A FEE FOR ... UNTIL THEY ARE COMPLETE AS PRESCR... ED BY LAW

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