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.

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

Do not use this space.

85

34783

1. PLACE OF DEATH
County Buchanan — Registration District No. 1001 — File No.
Township — Primary Registration District No. — Registered No. 1048
City St. Joseph, (No. 1915 South 20th. St. Ward)

2. FULL NAME Stephen Bilby Moffett,
(a) Residence, No. 1915 South 20th. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

JAN 7 1933

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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 Clarilda Jane Moffett,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 2nd. 1851

7. AGE: YEARS 80 — MONTHS 10 — DAYS 29 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House
10. Date deceased last worked at this occupation (month and year) Nov. 1930
11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Connersville, Indiana, 2

FATHER
13. NAME Robert Moffett,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Indiana,

MOTHER
15. MAIDEN NAME Viola Bilby,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Unknown, 31

17. INFORMANT (ADDRESS) Mrs. Edna Geddes 1915 South 20th. St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Jo. Mem. Park DATE Nov. 2, 1932

19. UNDERTAKER (ADDRESS) Heaton-BeGole & Bowman 319 S. 10th. St. Funeral Home

20. FILED NOV 1 1932 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 1st, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1st, 1932, to October 31st, 1932
I last saw him alive on October 31st, 1932. Death is said to have occurred on the date stated above, at 7:00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis Cronic	
Myocarditis Cronic	
1/1	
1/31	

Other contributory causes of importance:
Unknown

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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? No
If so, specify .....
(Signed) M. A. Gray, M. D.
(Address) 329 Kirkpatrick Bldg.