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.

MAY 24 1933

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

Do not use this space.

14325

1. PLACE OF DEATH

73 County St Clair — Registration District No. 766 — File No.

Township Roscoe — Primary Registration District No. 6011 — Registered No.

City (No. , St. Ward)

2. FULL NAME George W. Moyer

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 26-1860

7. AGE: YEARS 73 — MONTHS 2 — DAYS 27 — If LESS than 1 day, hrs. or min.

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

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

FATHER
13. NAME Henry Moyer
2 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

MOTHER
15. MAIDEN NAME Sophia Keat
10 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Myrtle Nelson

18. BURIAL, CREMATION, OR REMOVAL
PLACE ~~Rd~~ PLEASANT SPRINGS DATE 4-24 1933

19. UNDERTAKER (ADDRESS) F B Goodrich Roscoe Mo

20. FILED 4 2 X 1933 F B Goodrich Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-23, 1933

22. I HEREBY CERTIFY, That I attended deceased from None, 19, to None, 19

I last saw him ~~alive~~ Dead on 4-23, 1933 Death is said to have occurred on the date stated above, at about 6:30 a.m.

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

Mitral Stenosis — Date of onset X

Other contributory causes of importance: Unknown

Name of operation None — Date of X

What test confirmed diagnosis? Physical Findings — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No — Date of injury X, 19X

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. None

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify No

(Signed) J W Richardson, M. D.

(Address) Tiffin Mo.