

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

Do not use this space.

38798

1. PLACE OF DEATH

County Boone
Township Richland
City (No. _____)

Registration District No. 821
Primary Registration District No. 6070

File No. 133
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Kessa Moody
(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 Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 19, 1915

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
18 5 7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmers
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) Miss
(STATE OR COUNTRY)

13. NAME Frank Moody

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

15. MAIDEN NAME Lady Moody

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

17. INFORMANT Walter Moody
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Clyde Ave. Bur. DATE 11-26-33

19. UNDERTAKER W. J. ...
(ADDRESS)

20. FILED 12/10/33 W. J. ...
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 25th 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 30, 1933, to Nov. 25, 1933

I last saw him alive on Sept 30, 1933. Death is said to have occurred on the date stated above, at 10 P.M.

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

Pulmonary Tuberculosis Date of onset 1931

Other contributory causes of importance _____

Name of operation none Date of _____

What test confirmed diagnosis? Lab. 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) Thomas C. McClell, M. D.

(Address) Likeston, Mo.

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.

INK RESERVED FOR BILINGUAL

U. S. NO. 2

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