

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

Do not use this space.

34986

1. PLACE OF DEATH

County Sullivan
Township Morris
City (None)

Registration District No. 849
Primary Registration District No. 6125-

File No. 8
Registered No. 8
St. Ward

2. FULL NAME

(a) Residence. James A. Moffitt
(Usual place of abode) Warigass St. Ward

(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 White 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) Jan. 1, 1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
86 8 28

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 29 1934

17. I HEREBY CERTIFY THAT I attended deceased from 7:00 PM, 1934, that I last saw him alive on Sept 29, 1934, and that death occurred, on the date stated above, at 7:30 PM.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

No conditions. Chronic
930

CONTRIBUTORY (SECONDARY) 930 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: ✓

9 DID AN OPERATION PRECEDE DEATH: ✓ DATE OF 9/29/34

10 WAS THERE AN AUTOPSY? ✓

WHAT TEST CONFIRMED (SIGNATURE) R. D. Johnson, M. D.
, 19 (Address) Warigass

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

9. BIRTHPLACE (CITY OR TOWN) Wheeling
(STATE OR COUNTRY) West Virginia

10. NAME OF FATHER John Moffitt

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ireland
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Ester Mitchell

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ireland
(STATE OR COUNTRY)

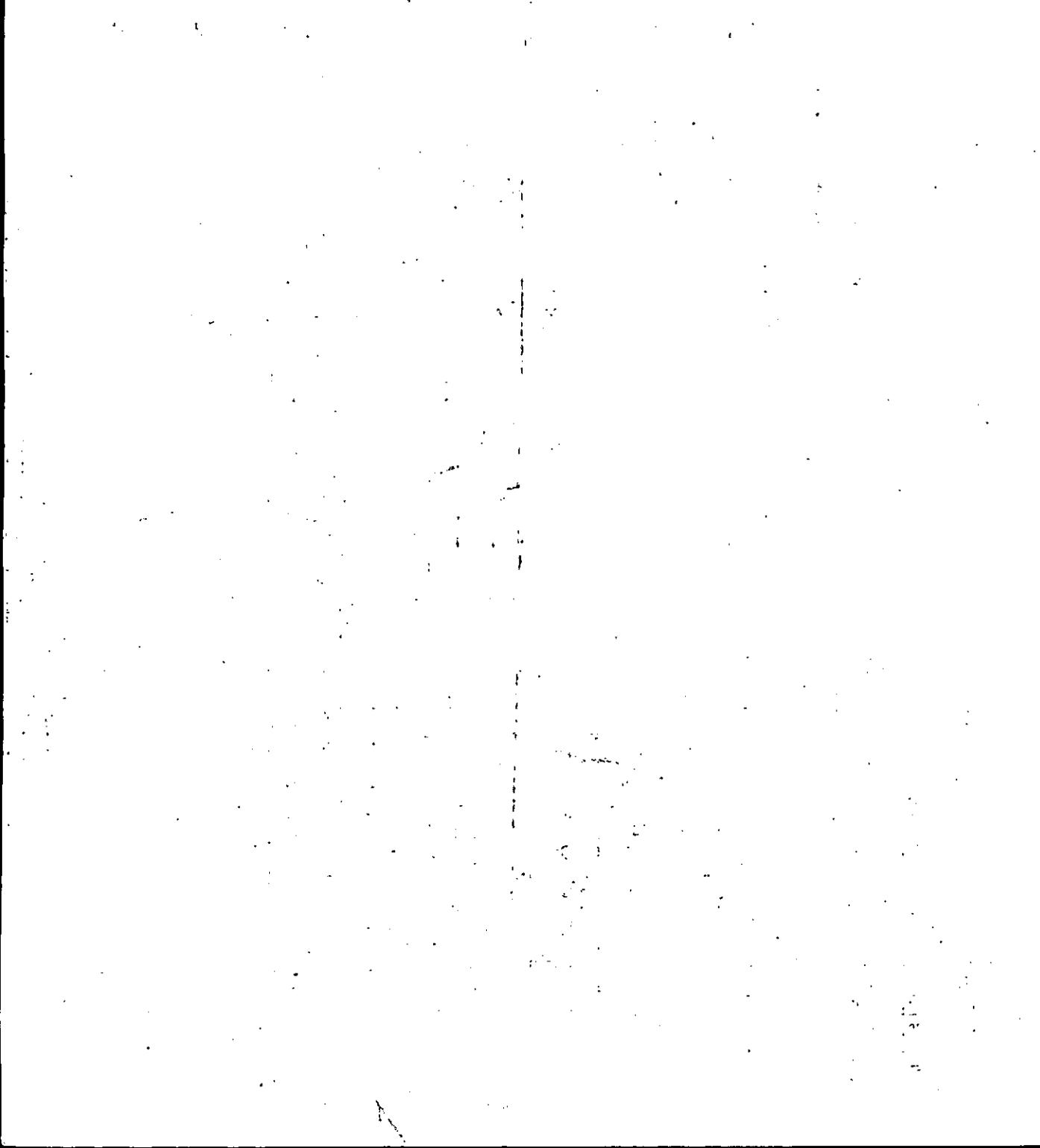
14. INFORMANT Emma Smith
(Address) Warigass Mo

15. FILED Oct 9, 1934 Virginia Gibson
REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Price Cem DATE OF BURIAL Oct 1, 1934

20. UNDERTAKER Kent & Thompson ADDRESS Warigass

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**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County St. Louis
Township
City (No. St. Ward)

Registration District No. 849
Primary Registration District No. 6125

File No. 834.986
Registered No. 8

2. FULL NAME

James A. Moffitt

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED s (write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 29, 1934

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

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19... I last saw him alive on 19... Death is said to have occurred on the date stated above, at m.

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

The principal cause of death and related causes of importance were as follows: myocarditis Ch Date of onset

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 86 8 28

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

Other contributory cause of importance: Uremia, albumen

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

13. NAME

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

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 80-9 1934 Virginia Gibson Registrar.

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) E. G. Baker, M. D. (Address) Warrigan Mo.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
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.

UNRECORDED

FEB 16 1935

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