

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

Do not use this space.

1753

1. PLACE OF DEATH  
 County Jasper Registration District No. 411 File No. \_\_\_\_\_  
 Township \_\_\_\_\_ Primary Registration District No. 2002 Registered No. \_\_\_\_\_  
 City Joplin (No. R. R. 3) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Mack Moon  
 (a) Residence, No. R. R. 3 St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (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. (If nonresident, give city or town and State)

**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 Delia Moon  
~~WIFE OF~~

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 2 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
62 2 12

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

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) 1 yr. 11. Total time (years) spent in this occupation all life

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

MOTHER FATHER

13. NAME Lou Moon

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

15. MAIDEN NAME unknown

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

17. INFORMANT Delia Moon  
 (ADDRESS) Joplin Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Salina Mo. DATE Jan 16 1936

19. UNDERTAKER Clark and Co  
 (ADDRESS) Salina Kansas

20. FILED 1-16-36 1936 Ed D. James  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 14 1936

22. I HEREBY CERTIFY That I attended deceased from Feb 20 1935 to Jan 14 1936  
 I last saw him live on Oct. 26 1935 Death is said to have occurred on the date stated above, at 7 P. m.  
 The principal cause of death and related causes of importance were as follows:  
Pulmonary Tubercu. ?  
chr. myocarditis  
 Date of onset \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis physical exam Was there an autopsy? no

23. If death was due to external cause (accident, suicide, or homicide), 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 not worked in any way

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify worked underground coal  
erably James H. O'Brien M. D.  
 (Signed) \_\_\_\_\_ (Address) 614 1/2 main St. Joplin 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.

