

MAR 18 1937

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

Do not use this space.

1. PLACE OF DEATH

County De Kalb
Township De Kalb
City Union Star (No. St. Ward)Registration District No. 262
Primary Registration District No. 4161File No. 5691
Registered No.

2. FULL NAME

George A. Moyce(a) Residence, No. Union Star, Mo. Ward.
(Usual place of abode) (If nonresident, give city or town and State)Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M.</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Alice Moyce</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 21 1874</u>		
7. AGE YEARS <u>72</u>	MONTHS <u>7</u>	DAYS <u>22</u> If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Lumberman</u>	
	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) <u>Jan 30 1937</u>	
11. Total time (years) spent in this occupation <u>35</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hammerville Pennsylvania</u>		
FATHER	13. NAME <u>George Moyce</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Near Edinburg Scotland</u>	
MOTHER	15. MAIDEN NAME <u>Ann Smeaton</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Near Edinburg Scotland</u>	
17. INFORMANT (ADDRESS) <u>W. P. Moyce Union Star Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Union Star</u> DATE <u>Feb. 17 1937</u>		
19. UNDERTAKER (ADDRESS) <u>Lucile M. Wilson King City, Mo.</u>		
20. FILED <u>2/14 1937</u> <u>J. M. Reynolds</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 13 193722. I HEREBY CERTIFY That I attended deceased from September 1932, 1932, to February 13 1937, 1937I last saw him alive on February 13 1937. Death is said to have occurred on the date stated above, 10:30 P.M.

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

Coronary atherosclerosis (diabetic) Date of onset
1932

Other contributory causes of importance:

Chronic glomerular nephritis V

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical Was there an autopsy? No23. 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) Arthur E. Rockwood M.D.(Address) Union Star, Mo.

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.

