

SEP 20 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jasper Registration District No. 4<sup>th</sup> File No. 30959  
Township Jasper Primary Registration District No. 20020 Registered No. \_\_\_\_\_  
City Jasper (No. 112 E. 13<sup>th</sup> W.) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. \_\_\_\_\_ Usual place of abode) 112 E. 13<sup>th</sup> W. Ward. \_\_\_\_\_  
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 wks. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 19, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from July 28<sup>th</sup> 1937 to August 19<sup>th</sup> 1937. I last saw him alive on August 17<sup>th</sup> 1937. Death is said to have occurred on the date stated above, at 11 P m. The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sep 19 1871

7. AGE YEARS 65 MONTHS 11 DAYS = If LESS than 1 day, hrs. or min.

Date of onset July 28<sup>th</sup> 1937

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

Chronic Myocarditis with myocardial degeneration

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad Section

10. Date deceased last worked at this occupation (month and year) Jan 1936 11. Total time (years) spent in this occupation \_\_\_\_\_

Other contributory causes of importance: Arteriosclerosis of the Coronaries

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

13. NAME William Moorehead

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

15. MAIDEN NAME Hollie Land

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

17. INFORMANT Mrs. E. E. Moorehead (ADDRESS) 112 E. 13<sup>th</sup> W.

18. SIGNATURE OF REGISTRAR OR REMOVAL CLERK W. J. James (ADDRESS) 112 E. 13<sup>th</sup> W.

19. UNDERTAKER W. J. James (ADDRESS) 112 E. 13<sup>th</sup> W.

20. FILED 8-24-37 1937 Registrar W. J. James

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ 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? no If so, specify \_\_\_\_\_

(Signed) W. J. James (Address) 112 E. 13<sup>th</sup> W. Jasper Mo.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD—PHYSICIANS SHOULD STATE EXACTLY. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

20314

1779

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

Do not use this space.

**1. PLACE OF DEATH**

County... Jasper  
Township.....  
City... Joplin

Registration District No. 411  
Primary Registration District No. 2002  
(No. 112 E., 13th Ward)

File No.....  
Registered No.....

**2. FULL NAME**

Zack Johnson Morehead

(a) Residence, No. 112 E. 13th 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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-19-1871

7. AGE YEARS 65 MONTHS 11 DAYS 0 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. on R. R.  
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Munroe, La.

MOTHER 13. NAME G. William Morehead

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

15. MAIDEN NAME Mollie Land

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

17. INFORMANT Wife (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Durant, Okla. DATE 8-25 1937

19. UNDERTAKER Hurlbut Und. Co. (ADDRESS) Joplin, Mo.

20. FILED 8-24-37 19 A. D. James Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-19 1937

22. I HEREBY CERTIFY, That I attended deceased from 7-29-37, 19....., to 8-19-37, 19.....

I last saw him alive on 8-19-37, 19..... Death is said to have occurred on the date stated above, at 11 P. m.

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

Chor. Myocardia with Myocardial decompensation Date of onset 7-29-37

Other contributory causes of importance: Chronic liver Bronchitis

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) A. Lawson, Jr. M.D.  
(Address) Joplin, 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.

S-30959