

OCT 20 1937

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

Do not use this space.

1. PLACE OF DEATH

County Howard

Township

City Fayette

2  
1

Registration District No.

Primary Registration District No.

878  
4222

File No.

Registered No.

34361

61

2. FULL NAME

Eugene Moon

(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

White

5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF  
(OR) WIFE OF

Mrs Ella Moon

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

12/19th 1867

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1  
day, .....hrs.  
or .....min.

69

9

1

OCCUPATION

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

Farmer.

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)

Missouri.

(STATE OR COUNTRY)

FATHER

13. NAME

Milton Moon,

14. BIRTHPLACE (CITY OR TOWN)

Missouri.

(STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME

Loucetta Yeager.

16. BIRTHPLACE (CITY OR TOWN)

Missouri.

(STATE OR COUNTRY)

17. INFORMANT

(ADDRESS)

Milton Moon,  
Fayette, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Egan

DATE

9-21-1937  
Nebraska

19. UNDERTAKER

(ADDRESS)

Guy T. Halley,  
Fayette, Mo.

20. FILED

Oct. 6, 1937 V. C. Bonham  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-19-1937 9/19th 1937

22. I HEREBY CERTIFY That I attended deceased from

8-5, 1937, to 8-29, 1937.

I last saw him alive on 9-19, 1937. Death is said

to have occurred on the date stated above, at 8:45 a.m.

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

Chronic Nephritis

Date of onset  
7 months

Other contributory causes of importance:

Cardiac Hypertrophy

Branchial Palsy

Name of operation none Date of.....

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no 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) J. E. Richards M. D.

(Address) Fayette, 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.

45  
2  
4

