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.

DEC MAR 23 1938

Snavely

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

Do not use this space.

7755

1. PLACE OF DEATH
County Pettis — Registration District No. 668 — File No. ~~68~~ 62
Township — Primary Registration District No. 3032 — Registered No. 668
City Sedalia (No. 721 E 13th St. Ward)

2. FULL NAME Clark Stone Moon 500
(a) Residence, No. 721 E 13th St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sue Moon.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 1 - 1855
7. AGE YEARS 83 MONTHS 0 DAYS 11. If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer
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) Morgan Co Missouri

FATHER
13. NAME James Moon
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

MOTHER
15. MAIDEN NAME Do not Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not Know

17. INFORMANT (ADDRESS) Mrs. Anthony Moon Sedalia
18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Hill DATE 2-14- 1938
19. UNDERTAKER (ADDRESS) McLaughlin Bros Sedalia Mo
20. FILED 2-12- 1938 Jean Slack Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb-12- 1938
22. I HEREBY CERTIFY, That I attended deceased from Feb 10 - 1938, to Feb 12 1938
I last saw her alive on Feb 11 - 1938. Death is said to have occurred on the date stated above, at 3 30 a.m.
The principal cause of death and related causes of importance were as follows:

Cirrohsis of Liver

124 B

Date of onset

Other contributory causes of importance:

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) C. C. Snavely M. D.
604 (Address) Sedalia Mo