

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

Do not use this space.

REC'D APR 22 1938

1. PLACE OF DEATH

County Jennison Registration District No. 1102 File No. 11711
 Township Josco Primary Registration District No. 5870 Registered No. _____
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Jerry Paul Moody 300

(a) Residence, No. 300 Bag City, Mo. Ward. _____ (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) infant
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF infant
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 3, 1938
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
1 5

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. infant
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. infant
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

FATHER 13. NAME Cornie Floyd Moody

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

MOTHER 15. MAIDEN NAME Ada Rachel Melend

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

17. INFORMANT H. E. Moody C. F. Moody Bag City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Chesgrave Tenn. DATE 4-9-38

19. UNDERTAKER Hannon's Steel Mo

20. FILED _____ 19 _____ Registrar. 571

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 8, 1938
 22. I HEREBY CERTIFY, That I attended deceased from April 8, 1938 to April 8, 1938
 I last saw him alive on April 8, 1938. Death is said to have occurred on the date stated above, at 12 noon
 The principal cause of death and related causes of importance were as follows:

Bronchopneumonia
 Date of onset _____
 Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? STS 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) Asbury _____, M. D.
 (Address) Hayti, Mo.

1072

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

11711
Do not use this space.

1. PLACE OF DEATH

(a) County Pemiscot Registration District No. 1102
(b) Township Pasco Primary Registration District No. 3870 Registered No. _____
(c) City _____ (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 12 yrs. mos. 12 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Bragg City Mo St. (If nonresident, give city or town and State)
(Usual place of home, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) int
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 3 1934
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 1 3
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as saw mill, bank, etc. Infant
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 8, 1938
22. I HEREBY CERTIFY, That I attended deceased from Apr 8 to Apr 8, 1938
I last saw ~~him~~ alive on Apr 8, 1938 Death is said to have occurred on the date stated above, at 12 noon m.
The principal cause of death and related causes of importance were as follows:
Bacterial Pneumonia

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn
13. NAME Connie Floyd Moody
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn
15. MAIDEN NAME Ada Rachel Milender
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

17. INFORMANT (ADDRESS) C. F. Moody Bragg City Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE McGraw Ave DATE 4-9, 1938
19. FUNERAL DIRECTOR (ADDRESS) Yannus and Co Steels Mo
20. FILED 12-6, 1938 Mrs T.R. Cole Local Registrar.

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) A. G. Shipley, M. D.
(Address) Bragg City Mo

FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

