WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

REC'D AUG 25 1938

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

Do not use this space.

1. PLACE OF DEATH
County Morgan — Registration District No. 919 — File No. 25988
Township Hawcreek — Primary Registration District No. 5793a — Registered No. 14
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Robert Moffatt 130
(a) Residence, No. ..... 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. 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: Mary Ella Johns
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 19-1867
7. AGE: Years 71 — Months 4 — 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.: 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: 9

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

FATHER
13. NAME: Samuel Moffatt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

MOTHER
15. MAIDEN NAME: Lucinda Terry
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

17. INFORMANT (ADDRESS): Mrs Albert Moffatt Sedalia, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Ritchie Cemetery DATE: June 21 1938
19. UNDERTAKER (ADDRESS): W. F. Kidwell Versailles Mo
20. FILED: Aug 10th 1938 Wm L. Ripperger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 19, 1938
22. I HEREBY CERTIFY, That I attended deceased from Never, 19..., to ..., 19...
I last saw h..... alive on Never, 19..... Death is said to have occurred on the date stated above, at 8 P. m.
The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis — Date of onset
93C
Other contributory causes of importance: General Ill Health
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? No
If so, specify .....
(Signed) P. J. Eckhoff D.O., M.D.
530 (Address) Versailles, Mo.
Coroner Morgan Co.

100M-8-28-35