

REC'D OCT 1 8 1938

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

32660

Do not use this space.

## 1. PLACE OF DEATH

(a) County Linn Registration District No. 496  
(b) Township Brookfield Primary Registration District No. 3025  
(c) City Brookfield (d) Street No. Mc Carney Hospital St. Registered No. 72  
(e) Length of residence in city or town where death occurred 16 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

(a) Residence, No. 524 Brunswick St.  (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

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 Rosalie Urbach

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 10, 1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
50 3 23

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. machinist  
9. Industry or business in which work was done, as saw mill, bank, etc. C. B. & O. R. R.  
10. Date deceased last worked at this occupation (month and year) Sept 25, 1938 11. Total time (years) spent in this occupation 16

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Purdin, Missouri

FATHER 13. NAME John M. Moore

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Purdin Mo.

MOTHER 15. MAIDEN NAME Georgia Ann Downs

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Haseville Mo.

17. INFORMANT (ADDRESS) Everett J. Moore Brookfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Olive, Purdin Mo. DATE Oct 4 38

19. FUNERAL DIRECTOR (ADDRESS) Rusk Funeral Home Brookfield, Mo.

20. FILED Oct 14 38 Max Lacey Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 3 1938

22. I HEREBY CERTIFY, That I attended deceased from 9-25, 1938, to 10-3, 1938

I last saw him alive on 10-3, 1938. Death is said to have occurred on the date stated above, at 4:50 a.m.

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

Sub-phrenic abscess with secondary infection of right lung Date of onset 9-23  
9-28

Other contributory causes of importance: Chronic Myocarditis

Name of operation Drain abscess Date of 9-29-38

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. E. Emack, M.D. (Address) Brookfield Mo.

93C

STATEMENT BY LICENSED EMBALMER

I, H. B. Wright, Licensed Embalmer No. 3718

hereby certify that the body recorded on the reverse side of this certificate was embalmed by H. B. Wright

L. E.  
No. 3718 or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed H. B. Wright  
Licensed Embalmer No. 3718

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH  
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1. PLACE OF DEATH

(a) County Winn Registration District No. 496  
(b) Township \_\_\_\_\_ Primary Registration District No. 3025 Registered No. \_\_\_\_\_  
(c) City Broadfield (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 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
50 3 23

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

9. Industry or business in which work was done, as 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) (STATE OR COUNTRY)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE \_\_\_\_\_ DATE \_\_\_\_\_ 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED \_\_\_\_\_ 19 \_\_\_\_\_

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 3 1938

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ to \_\_\_\_\_, 19 \_\_\_\_\_.

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19 \_\_\_\_\_ Death is said

to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Suppurative abscess  
with secondary infection of  
right lung  
Chronic Myo. Carditis  
Over  
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. Engle M. D.

(Address) Broadfield Mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

Abscess non-Infer enlar - probably  
hematomatous following acute  
Cholecystitis.

This was acute Myocarditis instead  
of chronic.

Dr. C. C. Enoch -

S-32660