

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.

1066 NOV 20 1938

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

36678
Do not use this space.

1. PLACE OF DEATH

(a) County St. Francois Registration District No. 775

(b) Township Perry Primary Registration District No. 6220A Registered No. 77

(c) City Bonne Terre Mo (d) Street No. _____ St.

(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 William Loomis Moon

(a) Residence, No. Bonne Terre Mo St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 11, 1877

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

61 4 6

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

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) Washington Co Missouri

13. NAME L. A. Moon

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Francois Co Missouri

15. MAIDEN NAME Isabelle Johnson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Co Missouri

17. INFORMANT (ADDRESS) Cora Moon Bonne Terre Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE B. J. Cemetery DATE Oct 20 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Benham Truck Co Bonne Terre Mo

20. FILED Oct. 20, 1938 N. W. Hawkins Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 17 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug. 15, 1938 to Oct. 17, 1938

I last saw him alive on Oct. 13, 1938. Death is said to have occurred on the date stated above, at 12:50 A. m.

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

Cerebral Hemorrhage Date of onset 10/17/38

Other contributory causes of importance:

Hypertension and Atherosclerosis

Name of operation none Date of _____

What test confirmed diagnosis? physical 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) H. W. Roebber, M. D.

(Address) Bonne Terre, Mo

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, *D. J. Bercham*

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No. *3376*

P. O. Address *Domeville*

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

If this body is not embalmed, above space should be left blank.