FILED NOV 25 1938

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

Do not use this space.

File No. 37045

Registered No. 81

1. PLACE OF DEATH

County: Texas — Registration District No. 862

Township: Bundine — Primary Registration District No. 613 S.

City: Cabool (No. ..... St. ..... Ward)

2. FULL NAME: Kenneth Joseph Moye

(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 1 yrs. 5 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): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 27 1891

7. AGE: Years 47 — Months 2 — Days 19 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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): Oct. 1938

11. Total time (years) spent in this occupation: 24

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Las Vegas New Mexico. 1

FATHER

13. NAME: Sig Moye 9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown 9

MOTHER

15. MAIDEN NAME: Unknown

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

17. INFORMANT (ADDRESS): Mrs Grace Moye Cabool Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Hays Kansas DATE: Oct 20 1938

19. UNDERTAKER (ADDRESS): Gaylord V. Elliott 789 Cabool Mo.

20. FILED: Nov. 10 1938 Mrs Clois Cunningham Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 16 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 16 1938 to Oct 16 1938

I last saw him alive on Oct 15 1938 Death is said to have occurred on the date stated above, at 4:45 p.m.

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

	Date of onset
Coronary Thrombosis	Oct 16

Other contributory causes of importance: 9418

Name of operation: — Date of: —

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) Dr Edwards, M. D.

(Address) Cabool Mo

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.

APR 20 1945