

REC'D MAY 10 1939

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

14923

Do not use this space.

1. PLACE OF DEATH GREENE

(a) County.....

(b) Township.....

(c) City.....

(e) Length of residence in city or town where death occurred

Registration District No. ~~321~~ 321

Primary Registration District No. 5444

(d) Street No. Galloway Mo

(If death occurred in Hospital or Institution, write its name instead of street and number) St.

(f) How long in U. S., if of foreign birth? yrs. mos. ds. yrs. mos. ds.

Registered No. 72

2. PRINT FULL NAME

(a) Residence, No. Galloway Mo 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

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)

Nov. 20, 1938

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

0

5

6

OCCUPATION

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

Child

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

Galloway, Mo.

13. NAME

Wayne Moore

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

Rogeraville, Mo.

15. MAIDEN NAME

Erene Jones

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

Red Springs Mo.

17. INFORMANT (ADDRESS)

Wayne Moore, Galloway Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

White Oak

DATE

4/26/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS)

Alma Johnson, Springfield Mo.

20. FILED

May 8 1939 Mrs. Pearl Hughes Mitchell, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

4/25/39

22. I HEREBY CERTIFY, That I attended deceased from

April 25, 1939 to

I last saw him alive on April 25, 1939. 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:

Bronchio pneumonia

Date of onset

Other contributory causes of importance:

None.

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

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) J. J. Ferguson, Coroner, M. D.

(Address)

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,

....., or by

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.