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 MAY 18 1939

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

Do not use this space.

15146

1. PLACE OF DEATH
County Jasper 2 Registration District No. 411 File No.
Township Galena Primary Registration District No. 2002 Registered No.
City Joplin (No. Freeman Hospital St. Ward)
600

2. FULL NAME Mr John Thomas Moyer
(a) Residence. No. 1720 Lincoln Ave St., Ward. Baxter Spgs. Kan.
(Usual place of abode) (If nonresident, give city or town and State)
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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	white	married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3-8-1874

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	65	1	16	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Chief of police
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Shelby Co Ill.
(STATE OR COUNTRY) Ill.

PARENTS
10. NAME OF FATHER Phillip Moyer
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Clermont Co
(STATE OR COUNTRY) Ill.
12. MAIDEN NAME OF MOTHER Mary Ellen Williamson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Kentucky

14. INFORMANT Floyd Huber Moyer
(Address) 409 E 11 st Baxter Springs

15. FILED 4-24 1939 Ed D James 2792 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-24 1939

17. I HEREBY CERTIFY, That I attended deceased from 4-21-, 1939, to 4-24, 1939 that I last saw him alive on 4-23-, 1939, and that death occurred, on the date stated above, at 1 45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Uremia - Chronic nephritis with acute urinary suppression
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Gun shot wound
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Baxter Spgs. Kansas
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) B Ehle Tar, M. D.
, 19 (Address) Joplin, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. ~~PLACE OF BURIAL, CREMATION~~, OR REMOVAL Baxter Spgs. Kan
DATE OF BURIAL 4-26 1939

20. UNDERTAKER Harvey Undertaking Co.
ADDRESS Baxter Springs Kansas

RECEIVED

District [illegible] Office [illegible]

District File Number 6-5-39-1097

Date Filed MAY 15 1939

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

15-146
Do not use this space.

1. PLACE OF DEATH
(a) County Jasper — Registration District No. 411
(b) Township — Primary Registration District No. 2002 — Registered No.
(c) City Joplin — (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 Mr. John Thomas Moyer
(a) Residence, No. ..... 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: 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.
65	1	16	

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

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

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
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) 4-24-1939

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... 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:

	Date of onset
Uremia - Chronic	
Nephritis with acute	
Urinary suppression	
Gun Shot Wound	

Other contributory causes of importance:

173

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? Homicide Date of injury 4-21 1939
Where did injury occur? Baxter Springs, Kansas (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In course of duty in a rooming house
Manner of injury Gun shot wound
Nature of injury Wound in left side and back

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) B. F. DeTarr, M. D.
(Address) Joplin Mo

SUPPLEMENTARY

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.

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