

JUL 13 1939

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

21516
Do not use this space.

1. PLACE OF DEATH

(a) County Boone Registration District No. 79
(b) Township Sturgeon Primary Registration District No. 4047
(c) City Sturgeon (d) Street No. _____ Registered No. _____
(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. 5511 Sturgeon, Mo. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Margaret Moynihan
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 24 - 1847
7. AGE YEARS 91 MONTHS 11 DAYS 17 IF LESS than 1 day, _____ hrs. or _____ min.
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) Brooklyn New York

13. NAME Michael Moynihan

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

15. MAIDEN NAME Mary Dunlay

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

17. INFORMANT (ADDRESS) Duke Moynihan Sturgeon Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Hope DATE June 9 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Barnes & Booth Sturgeon, Mo.

20. FILED June 9 1939 W. E. Booth Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 7 1939

22. I HEREBY CERTIFY That I attended deceased from June 4 1939 to June 7 1939
I last saw him alive on June 7 1939. Death is said to have occurred on the date stated above, at 3:30 p. m.
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Date of onset June 3-39

Other contributory causes of importance: 108

Name of operation _____ Date of _____
What test confirmed diagnosis? Stethoscope 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. Booth, M. D.
(Address) Sturgeon, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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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.....

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

Signed Reuben Barnes.....

Licensed Embalmer No. 2025.....

P. O. Address Sturgeon, Mo......

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.