

REC'D SEP 19 1939

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

28452
Do not use this space.**1. PLACE OF DEATH**

(a) County Adair Registration District No. 4
 (b) Township Benton Primary Registration District No. 5005 Registered No. 195
 (c) City Kirkville (d) Street 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

320 Henry Moots
 (a) Residence, No. R. F. D. Adair County 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)
Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-26-1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
78 1 20

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 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) Adair County 0
 (STATE OR COUNTRY) Missouri 1

FATHER 13. NAME Elliot Moots 0
 14. BIRTHPLACE (CITY OR TOWN) X
 (STATE OR COUNTRY) Ohio

MOTHER 15. MAIDEN NAME Sarah Welcher
 16. BIRTHPLACE (CITY OR TOWN) Adair County
 (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Orvel Moots
Greencastle, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE McGrew Centery DATE 8/19/39

19. FUNERAL DIRECTOR (NAME) Dee Riley
 (ADDRESS) Kirkville, Mo.

20. FILED Aug 17 1939 Spencer L. Deenan
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-15-1939

22. I HEREBY CERTIFY, That I attended deceased from death on my arrival, 1939
 I last saw h..... alive on how not known, 19..... Death is said to have occurred on the date stated above, at.....
 The principal cause of death and related causes of importance were as follows:

Strangulation by hanging on top of head of a garage
 Date of onset

Other contributory causes of importance:
165

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? suicide Date of injury 8-15-1939
 Where did injury occur? at home home - Adair Co.
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury hanging
 Nature of injury strangulation from hanging

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) L. P. Deans D. O. Coover M. D.
 (Address) Kirkville, Mo.

RECEIVED

District Health Officer No. 10

District File Number 9-39-1663

Date Filed SEP 12 1939

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.