

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

Do not use this space.

9628

1. PLACE OF DEATH

County Henry  
Township Ferrywood  
City Deepwater (No. ....)

Registration District No. 351  
Primary Registration District No. 4208

File No. ....  
Registered No. 52  
St. .... Ward

2. FULL NAME Lucille Moyer

(a) Residence. No. .... St. .... Ward. ....  
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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) Sept 21 - 1911

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
19 5 29

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None  
(b) General nature of industry, business, or establishment in which employed (or employer) None  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Deepwater  
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Claude Moyer

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Deepwater  
(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Lulu Waller

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Deepwater  
(STATE OR COUNTRY) Missouri

14. INFORMANT Claude Moyer  
(Address) Deepwater, Mo

15. FILED 4-10 1931 J. J. Fussell  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 20, 1931

17. I HEREBY CERTIFY, That I attended deceased from Mar 19, 1930, to Mar 20, 1931, and that I last saw him alive on Mar 20, 1931, and that death occurred, on the date stated above, at 4:00 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Disproportion of stress with acute Rheumatism - Labor (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) Flu 114 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED? Home  
IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? DATE OF

20. WAS THERE AN AUTOPSY? (1)

WHAT TEST CONFIRMS DIAGNOSIS? Taylor  
(Signed) J. J. Fussell M. D.  
4-10 1931 (Address) Deepwater, 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 Maplewood DATE OF BURIAL 3-22 1931

20. UNDERTAKER John Hunt ADDRESS Deepwater, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 23 1931

