

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

32713-a

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1. PLACE OF DEATH

County Henry
Township Bebo
City (No. St. Ward)

Registration District No. 349
Primary Registration District No. 3487

File No.
Registered No. 1

2. FULL NAME William Warren Moffett

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

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 (OR) WIFE OF Clara Draper

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 13 1866

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
64 4 13

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Retired Salesman
(b) General nature of industry, business, or establishment in which employed (or employer). Furniture & Mortuary
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Shelby County
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Robert Moffett

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

12. MAIDEN NAME OF MOTHER Martha Taylor

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

14. INFORMANT Mrs. W. W. Moffett
(Address)

15. FILED 12-20-30 Mrs. A. G. Gray
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 26 1930

17. I HEREBY CERTIFY, That I attended deceased from 1926
Oct 26, 1930, to Oct 26, 1930
that I last saw him alive on Oct 19, 1930, and that death occurred, on the date stated above, at 230 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer of Prostate and Bladder.

JTB
JIC (duration) 6 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 4 of 9 (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) G. W. Head, M. D.
, 19 (Address) Windsor 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 WINDSOR MO. DATE OF BURIAL 10-28-30

20. UNDERTAKER HUSTON'S FUNERAL CHAPEL ADDRESS WINDSOR

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.

WRITE CAREFULLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

JAN 19 1931

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