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

Do not use this space.

23464

1. PLACE OF DEATH
County Jasper
Township Marion
City Carthage (No. ..... St. ..... Ward)

Registration District No. 408
Primary Registration District No. 3020

File No. .....
Registered No. .....

2. FULL NAME John Mooneyham
(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Margaret

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug. 4, 1908

7. AGE: YEARS 24 | MONTHS 11 | DAYS 8 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Carthage, Missouri

PARENTS
10. NAME OF FATHER: R. A. Mooneyham
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Benton, Ill.
12. MAIDEN NAME OF MOTHER: Betty Stuckey
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Alton, Ill.

14. INFORMANT: R. A. Mooneyham
(Address) Carthage, Mo.

15. FILED July 14, 1933. S. B. Clinton REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 12 1933

17. I HEREBY CERTIFY, That I attended deceased from July 12 1933, to July 12, 1933 that I last saw [illegible] alive on July 12, 1933 and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Gunshot wound in head
Self inflicted
167 (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) ..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? Bullet in brain
(Signed) W. G. Hogan, M. D.
, 19 (Address) Carthage

*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: Park Cemetery
DATE OF BURIAL: July 14, 1933.

20. UNDERTAKER: Knell Mortuary & Ulmer-Drake Co.
ADDRESS: Carthage, 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.