

NOV 26 1935

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

Do not use this space.

33107

1. PLACE OF DEATH

County Wasson
Township Mineral
City St. Charles (No. _____)

Registration District No. 413
Primary Registration District No. 5559C

File No. _____
Registered No. 51
St. _____ Ward)

2. FULL NAME

(a) Residence, No. 1108 N. Seymour St., Carthage Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 7 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Johanna Moon</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 25 1889</u>		
7. AGE YEARS <u>46</u>	MONTHS <u>8</u>	DAYS <u>12</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as splainer, sawyer, bookkeeper, etc. <u>Miner</u>	11. Total time (years) spent in this occupation <u>14</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Carson Mfg</u>	
	10. Date deceased last worked at this occupation (month and year)	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

13. NAME R. M. Moon

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

15. MAIDEN NAME Elizabeth Fair

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

17. INFORMANT Records
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill DATE Oct. 10 1935

19. UNDERTAKER (ADDRESS) The Imperial Home Carthage Mo.

20. FILED 10/11 1935 Harry G. Weaver Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 7 1935

22. I HEREBY CERTIFY, That I attended deceased from July 31 1935, to Oct 7 1935
I last saw him alive on Oct 7 1935 Death is said to have occurred on the date stated above, at 11:55 a.m.
The principal cause of death and related causes of importance were as follows:

Sepsis - Tuberculosis
Pyo-Purulent throat left

Other contributory causes of importance:

Name of operation None Date of _____
What test confirmed diagnosis Roentgen Was there an autopsy? No

23. If death was due to external cause (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? Yes
If so, specify Zinc mine
(Signed) John E. Douglas, M. D.
(Address) St. Charles

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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