FEB 18 1936

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

Do not use this space.

482

1. PLACE OF DEATH CAPE GIRARDEAU
County Cape
Township Hubble
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 126
Primary Registration District No. 5174 B.

File No. .....
Registered No. 1

2. FULL NAME Neely Nathern Moit.
(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) Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 5, 1928

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
7	9	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, 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) (STATE OR COUNTRY) Scott Co Mo

FATHER
13. NAME W. M. Moit
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrisburg Ill.

MOTHER
15. MAIDEN NAME Ira Goings
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morehouse Mo.

17. INFORMANT (ADDRESS) Dan Moit Chaffee Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Union Park Cem Chaffee Mo DATE 1/22/ 1936

19. UNDERTAKER (ADDRESS) Bisplinghoff & Hubbard Chaffee Mo

20. FILED 1/22 1936 Mrs W. W. Ford Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 21 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 18, 1936, to Jan 21st, 1936
I last saw him alive on Jan 21, 1936. Death is said to have occurred on the date stated above, at 10-15 a.m.
The principal cause of death and related causes of importance were as follows:

Malarial Anemia

Simple Meningitis

Other contributory causes of importance:

Pulmonary Congestion

Date of onset

Name of operation ..... Date of .....
What test confirmed diagnosis? yes Was there an autopsy? —

23. If death was due to external causes (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? no
If so, specify .....
(Signed) L. Hordry, M. D.
(Address) Chaffee Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.

100M-11-24-33