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.

SEP 28 1936

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

Do not use this space.

File No. 31910

Registered No.

**1. PLACE OF DEATH**

County: Perry — Registration District No. 660

Township: — Primary Registration District No. 4396

City: Perryville (No. ..., ..., St. ..., Ward)

**2. FULL NAME** Leroy Herbert Moonier

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

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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| Male | White | Single |

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 28, 1935

| 7. AGE Years | Months | Days | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|
| 0 | 9 | 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (Infant)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

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) Perryville, Mo.

FATHER

13. NAME Herbert Moonier

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry County, Mo.

MOTHER

15. MAIDEN NAME Clara Wiebracht

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry County Mo.

17. INFORMANT (ADDRESS) Herbert Moonier, Perryville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Hope Cemetery DATE Aug. 18, 1936

19. UNDERTAKER (ADDRESS) Bay Funeral Home, Perryville, Mo.

20. FILED Aug 17, 1936 Jos J. Zellner Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-15-36, 19

22. I HEREBY CERTIFY, That I attended deceased from 8-15-36, 19 About 10 hrs, 19

I last saw him alive on 8-15-36, 19 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Meningitis | Abscess 8-9-36 |
| Non-Contagious | |

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... 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?

If so, specify

(Signed) [illegible], M. D.

(Address) Perryville, Mo.