

MAR 19 1937

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

Do not use this space.

5905

1. PLACE OF DEATH

County

Township

City

Greene

Springfield

(No. *2061*)

Registration District No.

Primary Registration District No.

318

2001

East Ave

File No.

Registered No.

St.

Ward

0124

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

2061

East Ave

St.

Ward.

(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 <i>male</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF <i>Chara D. Moyer</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>dec 10 - 1864</i>		
7. AGE	YEARS	MONTHS
<i>72</i>	<i>72</i>	<i>2</i>
		DAYS
		<i>9</i>
If LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Retired Painter on houses</i>	
	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 <i>✓</i>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Pa.</i>		
MOTHER	13. NAME <i>John Moyer</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Pa.</i>	
	15. MAIDEN NAME <i>Lucretia Greene</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Pa.</i>	
17. INFORMANT (ADDRESS) <i>W. D. Moyer, Springfield, Mo.</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Springfield, Mo.</i> DATE <i>Feb 12 1937</i>		
19. UNDERTAKER (ADDRESS) <i>W. D. Moyer & Co., Springfield, Mo.</i>		
20. FILED <i>Feb 12 1937 Chara D. Moyer</i>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb 10 1937*

22. I HEREBY CERTIFY, That I attended deceased from *Feb 11 1937*, 19....., to *Feb 11 1937*, 19.....

I last saw him alive on....., 19..... Death is said to have occurred on the date stated above, at *Springfield, Mo.*

The principal cause of death and related causes of importance were as follows:
Arteriosclerosis his back causing general aneurysm

Other contributory causes of importance:
Senility and general malnutrition

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? *no*

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? *no* 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 *no*

(Signed) *W. D. Patterson*, M. D.
(Address) *Springfield, Mo.*

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.

