

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.

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

Do not use this space.

**1. PLACE OF DEATH**

County Polk Registration District No. 4161  
 Township Union Star Primary Registration District No. 262  
 City Union Star (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 30554

**2. FULL NAME**

George Edward Moyer  
 (a) Residence, No. Union Star, Mo St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)

Length of residence in city or town where death occurred 12 yrs. mos. \_\_\_\_\_ ds. \_\_\_\_\_ How long in U. S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>M.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 1, 1881</u>		
7. AGE YEARS <u>55</u>	MONTHS <u>11</u>	DAYS If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Barber</u>	11. Total time (years) spent in this occupation <u>35 yrs</u>
	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) <u>July 31, 1937</u>
	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Union Star Mo</u>	
MOTHER FATHER	13. NAME <u>Edward Moyer</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pittsburg Pennsylvania</u>	
	15. MAIDEN NAME <u>Janine L. Neuman</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>	
17. INFORMANT (ADDRESS) <u>E. M. Reynolds 608 N. 9th St. Joplin, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Union Star</u> DATE <u>Aug. 3 1937</u>		
19. UNDERTAKER (ADDRESS) <u>Lucile M. Moyer King City, Mo.</u>		
20. FILED <u>8/2</u> 19 <u>37</u> <u>E. M. Reynolds</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 1 1937

22. Aug 1 1937 HEREBY CERTIFY, That attended deceased from Aug 1 1937 to Aug 1 1937  
 I last saw him alive on Aug 1 1937. Death is said to have occurred on the date stated above, at 6 P. m.  
 The principal cause of death and related causes of importance were as follows:  
Angina Pectoris  
 Date of onset 8/1/37

Other contributory causes of importance:  
None

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis Clinical Was there an autopsy? NO

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) E. M. Reynolds M. D.  
 (Address) Union Star Mo

