

REC'D AUG 10 1938

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

24688

Do not use this space.

1. PLACE OF DEATH

(a) County Boone Registration District No. 73
 (b) Township Columbia Primary Registration District No. 3006 Registered No. 160
 (c) City Columbia (d) Street No. Boone County Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Hubert C. Moffett, 130
 (a) Residence, No. 1706 University Ave. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF SCHINDLER Helen Moffett
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5/18/1903
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
35 1 25
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. TEACHER
 9. Industry or business in which work was done, as 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) MEMPHIS Mo

FATHER 13. NAME A. G. MOFFITT

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

MOTHER 15. MAIDEN NAME VENA ALLEN

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MEMPHIS Mo

17. INFORMANT (ADDRESS) MRS. H. C. MOFFITT
1706 UNIVERSITY

18. BURIAL, CREMATION, OR REMOVAL PLACE MEMPHIS Mo DATE 7/15/38

19. FUNERAL DIRECTOR (ADDRESS) PARKER'S
COLUMBIA Mo

20. FILED 7/14/38 Allie Selby Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July, 13 - 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-27-, 1926, to 7-13-, 1938

I last saw him alive on 7-13-, 1938. Death is said to have occurred on the date stated above, at 8:45 p.m.

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

Tuberculosis of Kidneys Date of onset 1-23-36

Other contributory causes of importance:

Pulmonary embolism

Name of operation Nephrectomy Date of 6/29/38

What test confirmed diagnosis? Bacteriogram Was there an autopsy? yes

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 St. Heloise Young

(Signed) St. Heloise Young M. D.
 (Address) Columbia, 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.

STATEMENT BY LICENSED EMBALMER

I, W. H. Vandewenter

Licensed Embalmer No. 2494

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

Charles L. Zarin

L. E.

No. _____ or by _____

Registered Apprentice No. 161

working under my personal supervision.

Signed W. H. Vandewenter

Licensed Embalmer No. _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)