

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.

OCT 13 1939

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

33020

Do not use this space.

1. PLACE OF DEATH

(a) County Moniteau Registration District No. 573
(b) Township Fortuna Primary Registration District No. 4337 Registered No. _____
(c) City Fortuna (d) Street No. _____ 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

(a) Residence, No. 300 John Allen Moad 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF <u>Eugenia Moad</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 29, 1857</u>		
7. AGE YEARS <u>81</u> MONTHS <u>11</u> DAYS <u>12</u> If LESS than 1 day, _____ hrs. or _____ min.	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Farmer</u>	
9. Industry or business in which work was done, as saw mill, bank, etc. <u>(retired)</u>		
10. Date deceased last worked at this occupation (month and year) <u>1937</u>		
11. Total time (years) spent in this occupation <u>life</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Moniteau County Missouri</u>		
FATHER	13. NAME <u>David Moad</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
MOTHER	15. MAIDEN NAME <u>Jane Dunham</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
17. INFORMANT (ADDRESS) <u>Eugene Wilson</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Highland</u> DATE <u>9-13-1939</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Jessie E. Richardson</u>		
20. FILED <u>9-12-</u> 19 <u>39</u> <u>John Wilson</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-11-1939

22. I HEREBY CERTIFY, That I attended deceased from 1938 to Sept. 9, 1939
I last saw him alive on 9-9-1939. Death is said to have occurred on the date stated above, at 7:45 A.M.
The principal cause of death and related causes of importance were as follows:
Chronic myocarditis
Hypertension
Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? Phys. 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? no
If so, specify _____
(Signed) E. J. Wilson, M. D.
(Address) Highland

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, me
_____, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed

J. E. Richards

Licensed Embalmer No.

2466

P. O. Address

Tipton, Mo

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.)

If this body is not embalmed, above space should be left blank.