

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

JUL 28 1933

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

Do not use this space.

142 77 A

1. PLACE OF DEATH
 89 County RAY Registration District No. 915
 Township KNOXVILLE Primary Registration District No. 6236
 City RAYVILLE TWP. (No. _____) St. _____ Ward _____

2. FULL NAME Carson T. Moffitt
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) (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 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 Prudence Moffitt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 16 1846

7. AGE YEARS 87 MONTHS 2 DAYS 20 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

FATHER 13. NAME M. J. Moffitt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

MOTHER 15. MAIDEN NAME Mildred Cravins

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

17. INFORMANT Clay Moffitt (ADDRESS) R. F. D.

18. BURIAL, CREMATION, OR REMOVAL PLACE Rayville R. F. D. DATE 4/7/33 19. _____

19. UNDERTAKER C. M. Jones (ADDRESS) Rayville, Mo.

20. FILED Apr. 7 1933 Mrs. G. W. Gaines Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 6 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1932 to Apr 6 1933
 I last saw him alive on April 6 1933 Death is said to have occurred on the date stated above, at 4:50 p.m.
 The principal cause of death and related causes of importance were as follows:
Chronic Interstitial Nephritis Date of onset 1931

Other contributory causes of importance: 131

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? no
 If so, specify _____
 (Signed) G. W. Gaines, M. D.
 (Address) Rayville, Mo.

