

UG 23 1928

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

Do not use this space.

1. PLACE OF DEATH

County Grundy Registration District No. 330 File No. 23591
Township _____ Primary Registration District No. 3017 Registered No. _____
City Tunton (No. _____) St. _____ Ward _____

2. FULL NAME William F. Moore

(a) Residence, No. 2 1/2 + main St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 9 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 OR (or) WIFE of Martha E. Moore
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 15 - 1859
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min. 73 6 28
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work farmer
(b) General nature of industry, business, or establishment in which employed (or employer) retired
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Jefferson Co. Iowa

10. NAME OF FATHER Henry Moore
11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Ireland
12. MAIDEN NAME OF MOTHER Mary Jane Harper
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Ireland

14. INFORMANT Martha E. Moore (Address) _____

15. FILED 7-14-28 1928 E. A. Deffy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 13 1928
17. I HEREBY CERTIFY That I attended deceased from July 8, 1928 to July 13, 1928
that I last saw him/her alive on July 12, 1928, and that death occurred, on the date stated above, at 9 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Liver & Empyema of Gas bladder
CONTRIBUTORY (SECONDARY) 4415
(duration) yrs. _____ mos. _____ ds. _____

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH, _____
DID AN OPERATION PRECEDE DEATH? Yes DATE OF July 13 28
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Exp. notes, operation
(Signed) E. J. Main, M. D.
7-14, 1928 (Address) 115th Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Maple Grove Tunton DATE OF BURIAL July 15 1928

20. UNDERTAKER Bern C. Davis ADDRESS Tunton 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.

