EP 25 1928

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

Do not use this space.

27086

1. PLACE OF DEATH
County Henry — Registration District No. 347 — File No.
Township — Primary Registration District No. 4210 — Registered No. 108
City Urich (No. ..... St. ..... Ward)

2. FULL NAME John Schweer Moore
(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 4 mos. 28 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): Infant

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 30-1928

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
0	4	28	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Clinton
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER J. E. Moore
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Bourbon Co
(STATE OR COUNTRY) Kentucky
12. MAIDEN NAME OF MOTHER Ida D Schweer
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Blairstown
(STATE OR COUNTRY) Mo

14. INFORMANT J. Moore
(Address) Clinton Mo.

15. FILED Aug 30, 1928 Dr. E. C. Peelor per J.G. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 28 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug 26, 1928, to Aug 28, 1928 that I last saw him alive on Aug 28, 1928, and that death occurred, on the date stated above, at 2:30 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Enteritis
119R
129
113B
(duration) yrs. 1 mos. ? ds.

CONTRIBUTORY (SECONDARY) Abdominal Peritonitis
(duration) yrs. mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
0 DID AN OPERATION PRECEDE DEATH? No. DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Physical Diagnosis
(Signed) J. T. McDonald, M. D
, 19 (Address) Urich 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: Englewood Cemetery — DATE OF BURIAL: 8-29 1928

20. UNDERTAKER: H. R. Smith — ADDRESS: Urich 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.

...WITH UNFADING INK—THIS IS A PERMANENT RECORD