

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

Do not use this space.

12084390

1. PLACE OF DEATH

County..... Pettis
Township..... Pedonia
City..... Pedonia (No. 718 W 4)

Registration District No. 668
Primary Registration District No. 3032

File No.
Registered No. 265
St. Ward)

2. FULL NAME

Charles P Moore

(a) Residence No. St. Ward.
(Usual place of abode)

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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 13 - 1904

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
24 | 6 | | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

PARENTS

10. NAME OF FATHER C P Moore

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ohio

12. MAIDEN NAME OF MOTHER Carrie Painter

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo

14. INFORMANT (Address) C P Moore
Pedonia Mo

15. FILED 10-20-28 REGISTRAR J. L. Love

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 5 - 1928

17. I HEREBY CERTIFY That I attended deceased from 1 to 1 1928 that I last saw him alive on Oct 5 - 1928, and that death occurred, on the date stated above, at 7 P M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis

CONTRIBUTORY (SECONDARY) 31 (duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED X

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? No DATE OF X

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? was positive

(Signed) was positive, M.D. , 19 (Address) Pedonia 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 Pedonia Mo DATE OF BURIAL Oct 7 1928

20. UNDERTAKER Travis ADDRESS Pedonia

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.

