

WHILE IN EFFECT, WITH ON-PAID INFORMATION 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.

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

Do not use this space.

37215

1. PLACE OF DEATH

County Jackson Registration District No. 400
 Township Barry Primary Registration District No. 5539A
 City Placerville (No. Jackson County Home)
 St. _____ Ward _____

File No. _____
 Registered No. 144
 St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 2110 Sales 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. da. How long in U.S., if of foreign birth? _____ yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Rosa Moore (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) About 1858-

7. AGE, YEARS MONTHS DAYS About 70 apparently not exact If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Jackson (STATE OR COUNTRY) Arkansas

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown Ark. (STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown Ark. (STATE OR COUNTRY) _____

14. INFORMANT Mrs Rosa Moore (Address) 2110 Sales st

15. FILED 11-23-28 19 28 J.M. Bohick REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11/19 19 28

17. I HEREBY CERTIFY, That I attended deceased from 10/20/28 to 11/19/28, 19 28 that I last saw him alive on 11/19/28, 19 28 and that death occurred, on the date stated above, at 2 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Heart Insufficiency
 (duration) _____ yrs. mos. 30 da.
 CONTRIBUTORY (SECONDARY) POW
 (duration) _____ yrs. mos. _____ da.

18. WHERE WAS DISEASE CONTRACTED _____ IF NOT AT PLACE OF DEATH _____

Did an OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical Exam.
 (Signed) J.W. Bohick, M. D.
 19 _____ (Address) 212 E. Vine St.

*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 Highland DATE OF BURIAL 11/23 19 28

20. UNDERTAKER A.B. Moore ADDRESS 1820 E 18

