

JAN 22 1929

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

Do not use this space.

39958

1. PLACE OF DEATH

County Clinton Registration District No. 707 File No. 16
Township Concord Primary Registration District No. 6786 Registered No. 77
City (No.) St. Ward)

2. FULL NAME

Geo. W. Moore
(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 1 yrs. 4 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1844

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 unknown

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).....
(c) Name of employer.....

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

10. NAME OF FATHER J. M. Moore

11. BIRTHPLACE OF FATHER (CITY OR TOWN) 12/6/28
(STATE OR COUNTRY) Kentucky

12. MAIDEN NAME OF MOTHER unknown

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

14. INFORMANT J. W. Moore
(Address) Liberty, Mo.

15. FILED 12/7/28 C. E. Dorian
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 5, 1928 19

17. I HEREBY CERTIFY, That I attended deceased from Nov. 7, 1928, 19, Dec. 5, 1928, 19, that I last saw him alive on Dec. 5, 19, and that death occurred, on the date stated above, at 10AM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arteriosclerosis

97 9/10 (duration) 15 yrs. mos. ds.

CONTRIBUTOR (SECONDARY) 9/10 (duration) yrs. mos. ds.

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

8 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?.....
(Signed) S. D. Reynolds, M. D.
, 19 (Address) Plattsburg, 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 Volt, Mo. DATE OF BURIAL 12-7 19 28

20. UNDERTAKER Basil R. Nelson ADDRESS Plattsburg, Mo.

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.

