APR 30 1929

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

Do not use this space.

11801

1. PLACE OF DEATH
County Pettis
Township
City Sedalia (No. ..... St. ..... Ward)
Registration District No. 668
Primary Registration District No. 3032
File No.
Registered No. 86

2. FULL NAME George Moore
(a) Residence. No. 521 W Pacific St., 1 Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 12 yrs. 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: Negro
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs Stella Moore

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb 20 1874

7. AGE: Years 55 | Months | Days 11 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Teamster
(b) General nature of industry, business, or establishment in which employed (or employer): 104
(c) Name of employer: B Beatman

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Waco Texas — 2

PARENTS
10. NAME OF FATHER: Geo Moore
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Waco Texas — 2
12. MAIDEN NAME OF MOTHER: Dont Kuw
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Texas — 2

14. INFORMANT: Mrs Stella Moore
(Address) 521 W Pacific

15. FILED 3-5, 1929. J. G. Love, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Mar 3 1929

17. I HEREBY CERTIFY, That I attended deceased from 3-3, 1929, to 3-13, 1929, that I last saw him alive on March 3, 1929, and that death occurred, on the date stated above, at 11 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Dilatation of heart
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Acute Indigestion
(duration) yrs. few hrs

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? Clinical
(Signed) A. R. Maddox M.D.
, 19 (Address) 116 E West Maddox

*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: Bunceton Mo
DATE OF BURIAL: Mar 7 1929

20. UNDERTAKER: W Malbarde
ADDRESS: Sedalia

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.