

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

Do not use this space.

27198

**SEP 24 1929**

**1. PLACE OF DEATH**

County Carroll Registration District No. 138  
Township \_\_\_\_\_ Primary Registration District No. 4078  
City Norborne (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 21

**2. FULL NAME**

(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 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Minerva E. Moore</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Apr 25-1853</u>				
7. AGE	YEARS <u>76</u>	MONTHS <u>2</u>	DAYS <u>12</u>	If LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Farmer (Retired)</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer				

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 6<sup>th</sup> 1929

17. I HEREBY CERTIFY, That I attended deceased from July 18<sup>th</sup>, 1929, to Aug 6<sup>th</sup>, 1929, and that I last saw him... alive on Aug 6<sup>th</sup>, 1929, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Carcinoma of Tongue.  
4 1/2 yrs  
440  
CONTRIBUTOR (SECONDARY) \_\_\_\_\_ (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

9. BIRTHPLACE (CITY OR TOWN) Spencer Ind.  
(STATE OR COUNTRY)

10. NAME OF FATHER Master Moore

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Unknown

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

18 DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

18 WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) B. C. Cole, M. D.  
Aug 6, 1929 (Address) 777 Norborne 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.

14. INFORMANT Mr. E. J. Cornack  
(Address) Norborne mo.

15. FILED Aug 7 1929 E. H. Mussard  
REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Removed to Mendenhall DATE OF BURIAL Aug 7 1929

20. UNDERTAKER J. H. Sherrill ADDRESS Norborne Ind.

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.

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