

OCT 29 1930

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

Do not use this space.

37634-A

1. PLACE OF DEATH

County Laclede
Township Union
City Union (No.)

Registration District No. 748
Primary Registration District No. 1608

File No.
Registered No.
St. Ward

2. FULL NAME

Cape H 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 yrs. 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

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widower

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

Elmire Coffey

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

Aug 5 1839

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

90

3

10

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)

(STATE OR COUNTRY)

Union

10. NAME OF FATHER

Samuel H Moore

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

N-Carolina

12. MAIDEN NAME OF MOTHER

Rachel Overcast

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

N-Carolina

14.

INFORMANT (Address)

Bob Moore
Phillipsburg R2

15.

FILED

July 19 30

J. M. Blum

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 18, 1929

17.

I HEREBY CERTIFY, That I attended deceased from 10-16, 1929, to 11-18, 1929, that I last saw him alive on 10-31, 1929, and that death occurred, on the date stated above, at 8:30 P.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Myocarditis
130
16

CONTRIBUTORY (SECONDARY)

Senility

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed)

J. W. Hurdway, M. D.
Conroy

*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

DATE OF BURIAL

Lanesomeshite Cemetery 11-19 1929

20. UNDERTAKER

ADDRESS

Hobman Stewart Lebanon

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.

