

MAR 25 1930

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

Do not use this space.

4168

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township

Primary Registration District No. 1001

City St. Joseph,

(No. Missouri, Methodist Hospital

File No.

238

Registered No.

St. Ward)

2. FULL NAME Thomas Byron Moore,

(a) Residence. No. St., Ward. Guilford, Missouri,

(Usual place of abode)

Ward.

Guilford, Missouri,

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 13 ds.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

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

Single,

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) August 25, 1855

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

74

5

28

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)

Unknown,

(STATE OR COUNTRY)

Indiana,

10. NAME OF FATHER

Thomas J. Moore,

PARENTS

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Unknown,

(STATE OR COUNTRY)

Indiana,

12. MAIDEN NAME OF MOTHER

Unknown,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Unknown,

(STATE OR COUNTRY)

Indiana,

14.

INFORMANT

F. L. Clayton
Guilford, Missouri,

15.

FILED

19

John G. [Signature]
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 13 1930

17.

I HEREBY CERTIFY, That I attended deceased from

Feb 11, 1930 to Feb 23, 1930

that I last saw him alive on Feb 23, 1930 and that death occurred, on the date stated above, at 9:50 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chr nephritis
131

CONTRIBUTORY (SECONDARY)

Acute (duration) unable to state yrs. mos. ds.

Chr. nephritis

Acute (duration) unable to state yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED?

IF NOT AT PLACE OF DEATH at home

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy

(Signed)

H. W. Clark, M. D.

2/24, 1930 (Address) 301 Phys & Surg Bldg

*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

Guilford, Mo. via auto

Feb'y 25 1930

20. UNDERTAKER

ADDRESS

Heater-Begole & Bowman

319 S. 10 St.

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.

