

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

Do not use this space.

6149

1. PLACE OF DEATH

County St. Francois Registration District No. 223
Township St. Louis Primary Registration District No. 4469
City Farmington (No. 1)

File No. _____
Registered No. 24
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 50 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

male

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

Margaret - Zalman

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

July 17-1847

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, _____ hrs. or _____ min.

87

6

29

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work:

Stone Cutter

(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)

Winston Salem North Carolina

10. NAME OF FATHER

Wm. Moore

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

North Carolina

12. MAIDEN NAME OF MOTHER

Patty Westmoreland

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

North Carolina

14.

INFORMANT (Address)

Geo. Moore Farmington Mo.

15.

FILED

2-8-30

T. J. Robinson

REGISTRAR

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

Feb 7 1930

17.

I HEREBY CERTIFY, That I attended deceased from _____, 1927, to Feb 8, 1930, that I last saw him alive on Feb 6, 1930, and that death occurred, on the date stated above, at 6:45 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

General arteriosclerosis

97

(duration) 40 yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY)

(duration) _____ yrs. _____ mos. _____ ds.

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?

Chloral findings

(Signed)

T. J. Robinson, M. D.

2-8-1930 (Address) Farmington 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

DATE OF BURIAL

Zalman Cemetery

Feb 8 1930

20. UNDERTAKER

ADDRESS

Farmington Mo, Farmington Mo.

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.

