

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

Do not use this space.

8015

1. PLACE OF DEATH

County Cass
Township Coldwater
City (No. _____) _____

Registration District No. 157
Primary Registration District No. 5215

File No. _____
Registered No. 3
St. _____ Ward _____

2. FULL NAME A. Biram Cheever Moore

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

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar-19-1930

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

17. I HEREBY CERTIFY, That I attended deceased from Feb 23, 1930 to March 19, 1930 that I last saw h. alive on March 18, 1930, and that death occurred, on the date stated above, at 8:15 P. m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan-16-1864
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
66 2 3

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Thrombosis
(1 full)
(duration) yrs. mos. ds. 24

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) Genl Farming & Stock Raising
(c) Name of employer _____

CONTRIBUTORY (SECONDARY) 74B
(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?
(Signed) B. H. Hartwell, M. D.

3-19-1930 (Address) Drexel 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.

9. BIRTHPLACE (CITY OR TOWN) Deersville
(STATE OR COUNTRY) Ohio

10. NAME OF FATHER Sam Moore

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

12. MAIDEN NAME OF MOTHER Rebecca Fowrey

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

14. INFORMANT J. W. Moore
(Address) Russell City Mo

15. FILED 720 1930 John S. Purdy REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Sharon Cem DATE OF BURIAL Mar-21 1930

20. UNDERTAKER J. B. Hays ADDRESS Drexel Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

28 1930

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