

SEP 24 1930

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

Do not use this space.

26481

File No. 10
Registered No. _____
Ward _____

1. PLACE OF DEATH
County Harrison Registration District No. 336
Township Colfax Primary Registration District No. 5469
City _____ (No. _____) St. _____ Ward _____
2. FULL NAME John 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or WIFE OF) Edith Moore
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan-10-1851
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ____ hrs. or ____ min.
79 | 7 | 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 _____

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug-20 1930
17. I HEREBY CERTIFY That I attended deceased from Aug 18 1930 to Aug 18 1930 that I last saw him alive on Aug 18 1930 and that death occurred, on the date stated above, at 8:30 P. M.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Nephritis
13917
1240
CONTRIBUTORY (SECONDARY) _____
Duration _____ yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana
10. NAME OF FATHER Samuel Moore
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
12. MAIDEN NAME OF MOTHER Susan Clark
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

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) W. King, M. D.
8/21, 1930 (Address) Lancaster, 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 (Address) Harley Moore
Bly Hedden, Mo.
15. FILED 9/3 1930 H. J. Gaster REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
Cedar Hill County 8/22 1930
20. UNDERTAKER ADDRESS
Chas. Prater Eastville Mo.

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.

