NOV 21 1930

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

Do not use this space.

35461

1. PLACE OF DEATH
County Buchanan
Township Washington,
City
Registration District No. 86
Primary Registration District No. 5127
(No. On U.S. # 36 Road near 102 River St. Ward)
File No.
Registered No. 86

2. FULL NAME James Maple Moore,
(a) Residence. No. R. F. D. # 1 St. Joseph, Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Widowed,

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 11, 1871

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	59	6	25	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Gasoline Station
(b) General nature of industry, business, or establishment in which employed (or employer) Operator,
(c) Name of employer Self,

9. BIRTHPLACE (CITY OR TOWN) Coffey County,
(STATE OR COUNTRY) Kansas,

PARENTS
10. NAME OF FATHER Preston R. Moore,
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Kentucky,
12. MAIDEN NAME OF MOTHER Frances Bryant,
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) DeKalb,
(STATE OR COUNTRY) Missouri,

14. INFORMANT Charles J. Moore
(Address) R.F.D.# 4, St. Joseph, Mo.

15. FILED Nov 6, 1930 J J Bauschel REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 6th 1930

17. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19..., that I last saw h... alive on ..., 19..., and that death occurred, on the date stated above, at 7:00 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Homicide, by fire arms in hands of Unknown person at filling Sta. on R. F. D. No I St Joseph Mo.
(duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (SECONDARY) 193 (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? yes
WHAT TEST CONFIRMED DIAGNOSIS? Clinical & History
(Signed) B. W. Tadlock Coroner, M. D.
11/6, 1930 (Address) 821 Francis

*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
St. Jo. Memorial Park Cem.	Nov. 7, 1930

20. UNDERTAKER	ADDRESS
Heaton B. Gale Bowman Funeral Home	St. Joseph, 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.