DEC 22 1930

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

Do not use this space.

35954

1. PLACE OF DEATH

County Henry — Registration District No. 347 — File No.

Township — Primary Registration District No. 3018 — Registered No. 89

City Clinton Mo (No. ..... St. ..... Ward)

2. FULL NAME Orien Lee Moore

(a) Residence. No. 405 E Franklin St., ... Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 5, 1864

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ... hrs. or ..... min.
	66	5	19	

8. OCCUPATION OF DECEASED

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

(b) General nature of industry, business, or establishment in which employed (or employer) Hardware

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St Clair County (STATE OR COUNTRY) Illinois

PARENTS

10. NAME OF FATHER Jethro B Moore

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

12. MAIDEN NAME OF MOTHER Winnifred J Mitchell

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Don't Know

14. INFORMANT Mrs O L Moore (Address) Clinton Mo

15. FILED 11/26, 1930 Dr. E. C. Peelor REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 25 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov 3, 1930, to Nov 24, 1930, that I last saw him alive on Nov 24, 1930, and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Carcinoma of Liver

405 E

(duration) ..... yrs. 3 mos. ..... ds.

CONTRIBUTORY (SECONDARY) HB

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

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

O DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) H W Smiley, M. D.

, 19 (Address) Clinton 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
Englewood	11-26 1930
20. UNDERTAKER	**ADDRESS**
Spare & Sam	Clinton 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.