

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

24 1931

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

Do not use this space.

4874

1. PLACE OF DEATH

County Chariton
Township
City Salisbury (No.)

Registration District No. 175
Primary Registration District No. 4104

File No.
Registered No. 7
St. Ward)

2. FULL NAME

May Moore

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

Length of residence in city or town where death occurred 70 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

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept-9-1859</u>		
7. AGE	YEARS <u>71</u>	MONTHS <u>4</u>
	DAYS <u>28</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>section foreman</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>106</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>mo 1</u>		
FATHER	13. NAME <u>James Moore</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>mo</u>	
MOTHER	15. MAIDEN NAME <u>Susan Plunkett</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>	
17. INFORMANT <u>Mrs. Covey Moore</u> (ADDRESS) <u>Salisbury mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Salisbury mo</u> DATE <u>2-9-1931</u>		
19. UNDERTAKER <u>Winkelmeier Bros</u> (ADDRESS) <u>Salisbury mo</u>		
20. FILED <u>2/7</u> 19 <u>31</u> <u>Winkelmeier</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb-7-1931

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1931, to Feb 7 1931.
I last saw him alive on 2-7 1931. Death is said to have occurred on the date stated above, at 4 P m.
The principal cause of death and related causes of importance were as follows:
apoplexy
GRA 82A
97 82A
Other contributory causes of importance:
Arterio Sclerosis

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? - Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

24. Was disease or injury in any way related to occupation of deceased? ✓
If so, specify
(Signed) Winkelmeier, M. D.
(Address) Salisbury mo

