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

Do not use this space.

13038

1. PLACE OF DEATH
County ADAIR — Registration District No. 4 — File No.
Township — Primary Registration District No. 3001 — Registered No. 75
City KIRKSVILLE MO (No. ..... St. ..... Ward)

2. FULL NAME BENN F MOORE
(a) Residence. No. MEMPHIS MO 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.

MAY 21 1931

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
MALE	WHITE	SINGLE

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF SINGLE

6. DATE OF BIRTH (MONTH, DAY AND YEAR) JAN 7th 1860

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
71	3	14	

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) STOCK & RAIN
(c) Name of employer SELF

9. BIRTHPLACE (CITY OR TOWN) MEMPHIS MO
(STATE OR COUNTRY) M

PARENTS
10. NAME OF FATHER WM C MOORE
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) KENTUCKEY
12. MAIDEN NAME OF MOTHER MARTHA ANN MAKENSON
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) KENTUCKEY

14. INFORMANT Neal Payne
(Address) MEMPHIS MO

15. FILED 4/30, 1931 Mrs C H Becker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4.21.1931 19

17. I HEREBY CERTIFY, That I attended deceased from April 20, 1931, to April 21, 1931 that I last saw him alive on April 21, 1931, and that death occurred, on the date stated above, at 10.00 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Otitis Media
(duration) yrs. 2 mos. ds.
CONTRIBUTORY (SECONDARY) Meningitis septic
(duration) yrs. mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Memphis Mo
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) A G Branch, M. D.
4/21, 1931 (Address) Kirksville 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
MEMPHIS MO	4.23 1931

20. UNDERTAKER David H Wilson — ADDRESS MEMPHIS Kirksville Mo