

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

Do not use this space.

22130

**1. PLACE OF DEATH**

County Miller  
Township \_\_\_\_\_  
City Eldon, Mo. (No. \_\_\_\_\_)

Registration District No. 561  
Primary Registration District No. 4330

File No. \_\_\_\_\_  
Registered No. 67  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

George Morgan Moore  
(a) Residence, No. 102 E. 9th 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**

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sidney Josephine Moore

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 8 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
69 5 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician M.D.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 213

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation 39

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lebanon Kentucky

13. NAME John B. Moore

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Susan Mary Wright

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Sidney Moulden Moore Eldon, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Eldon DATE 6-29 1931

19. UNDERTAKER (ADDRESS) W. R. Phillips Eldon, Mo.

20. FILED 6-29 1931 Belle Haynes Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 28 1931

22. I HEREBY CERTIFY That I attended deceased from June 23 1931, to June 28 1931.  
I last saw him alive on June 28 1931. Death is said to have occurred on the date stated above, at 2:30 A.M.  
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset 6-23  
Hemiplegia Rt  
H.B.  
H.B.

Other contributory causes of importance: Cancer of stomach

8. Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What best confirmed diagnosis 4/6 B Was there an autopsy? \_\_\_\_\_

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.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) M. C. Allen M. D.  
Eldon Mo.  
(Address)

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.

JUL 25 1931

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

