

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

Do not use this space.

1. PLACE OF DEATH

County P.K.C.
Township New Hartford
City..... (No.) Ward)

Registration District No. 690
Primary Registration District No. 5918

File No. 22417
Registered No.

2. FULL NAME

(a) Residence, No. New Hartford Mo. 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
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 10 - 1864
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 2 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) New Hartford (STATE OR COUNTRY) Mo.

13. NAME Jacob Isaac Moore

14. BIRTHPLACE (CITY OR TOWN) W. Va. (STATE OR COUNTRY) W. Va.

15. MAIDEN NAME Hester A. Berry

16. BIRTHPLACE (CITY OR TOWN) W. Va. (STATE OR COUNTRY) W. Va.

17. INFORMANT M. A. Moore (ADDRESS) New Hartford Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE New Hartford DATE 6-5-1931

19. UNDERTAKER Edward Banziehead (ADDRESS) Bowling Green Mo.

20. FILED June 5 1931 S. Clyde Craig Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-4-1931

22. I HEREBY CERTIFY, That I attended deceased from March 1931, to June 4 1931.
I last saw him alive on 6-2-1931. Death is said to have occurred on the date stated above, at 1 P. m.
The principal cause of death and related causes of importance were as follows:

Previous Anemia
Date of onset 2/1/1926

Other contributory causes of importance: 71A 110W

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? No

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) J. H. Philcooper M. D.
(Address) Bowling Green Mo.

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.

JUN 29 1931

