

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

Do not use this space.

24395

**1. PLACE OF DEATH**

County Callaway Co Registration District No. 104  
 Township Nine Mile Primary Registration District No. 5164  
 City Near Mineola (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 153

**2. FULL NAME** James T. Moore

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Life 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 27 th 1913

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
18 11 13

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) 1929 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Mineola Mo

13. NAME James Moore

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Callaway County

15. MAIDEN NAME Dora L. Tate

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Callaway County

17. INFORMANT J. R. Barker  
 (ADDRESS) Nineola Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Readsville Mo DATE 7/12/31, 1931

19. UNDERTAKER C. W. Hopkins  
 (ADDRESS) Montgomery City Mo

20. FILED July 11 1931 H. I. Owen  
 Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/10/31, 1931

22. I HEREBY CERTIFY, That I attended deceased from Apr 26, 1931, to July 10, 1931.

I last saw him alive on June 4, 1931. Death is said

to have occurred on the date stated above, at 10:45 P.M.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis Date of onset \_\_\_\_\_

VSA

23

Other contributory causes of importance:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1931

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? NA

If so, specify \_\_\_\_\_

(Signed) H. I. Owen, M. D.

(Address)  Fulton 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.

AUG 25 1931

RECORDING INFORMATION IS A PERMANENT RECORD

