

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

Do not use this space.

36715

1. PLACE OF DEATH

County North
Township Union
City Grant City (No.)

Registration District No. 904
Primary Registration District No. 6215

File No.
Registered No.
St. Ward)

2. FULL NAME

(a) Residence. No. St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 47 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>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John Moore</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>June 14, 1860</u>		
7. AGE YEARS <u>71</u>	MONTHS <u>3</u>	DAYS <u>17</u>
IF LESS than 1 day, ... hrs. min.		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Lined with
(b) General nature of industry, business, or establishment in which employed (or employer) daughter
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

14.

INFORMANT Mrs Harry Bunker
(Address) Grant City, Mo.

15.

FILED Oct 2, 1931 Mrs Lillian O Bay
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 2 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 1931 to Oct 2 1931, and that I last saw her alive on Oct 1 1931, and that death occurred, on the date stated above, at 1:30 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Chronic interstitial nephritis

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? no DATE OF

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Specimen Examination

(Signed) S. J. Jones, M. D.

. 19 (Address) Grant City, 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

Bethel Cemetery 10/2/31

20. UNDERTAKER

ADDRESS

Arch C. Duffee Grant City

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.

