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.

JAN 19 1932

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

Do not use this space.
40246
40156

1. PLACE OF DEATH
County Buchanan — Registration District No. 85
Township Washington — Primary Registration District No. 1001
City St. Joseph (No. Sixth & Penick St. ..... Ward)

File No. ..... Registered No. 1291

2. FULL NAME Madison Oran Moore
(a) Residence, No. 817 No. 23rd St., ... Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 33 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: Mary E. Moore

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 8 1863

7. AGE: YEARS 68 | MONTHS 4 | DAYS 19 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Policeman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: St. Joseph Police Dept.
10. Date deceased last worked at this occupation (month and year): Dec. 27 1931
11. Total time (years) spent in this occupation: 22 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indianapolis Indiana

FATHER
13. NAME: John A. Moore
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Ohio

MOTHER
15. MAIDEN NAME: Prelina Simpson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Ohio

17. INFORMANT (ADDRESS): Mrs. Mary E. Moore 817 No. 23rd St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Auburn Cem. DATE Dec. 29 1931

19. UNDERTAKER (ADDRESS): E. R. Sidenfaden 602 So. 10th St.

20. FILED DEC 28 1931 19 John R. Bender K2 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 27, 1931

22. I HEREBY CERTIFY, That I ~~attended~~ VIEWED deceased from ....., 19....., to ....., 19.....
I last saw him alive on ....., 19..... Death is said to have occurred on the date stated above, at 29 m.
The principal cause of death and related causes of importance were as follows:

Mitral Insufficiency — Date of onset
92A
92A

Other contributory causes of importance: None

Name of operation None Date of .....
What test confirmed diagnosis? History 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) B. W. Tadlock Coroner
(Address) 821 Francis