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.

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

Do not use this space.

41439

1. PLACE OF DEATH

County: Dent

Township: Cantonment

City: Canton, Mo (No. ..., St. ..., Ward)

Registration District No. 477

Primary Registration District No. 4286

File No.

Registered No. 45

2. FULL NAME: James Earl 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 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 23 - 1931

7. AGE: Years ... Months ... Days: 2 If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

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

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) (STATE OR COUNTRY): Canton, Mo

FATHER

13. NAME: Clarence W. Moore

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER

15. MAIDEN NAME: Anna B. Chenchin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Canton, Mo

17. INFORMANT (ADDRESS): Bill Chenchin, Canton, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Forest Grove DATE: Dec. 25, 1931

19. UNDERTAKER (ADDRESS): F. D. Kelly, Canton, Mo

20. FILED: Dec. 26, 1931 H. W. Harris M.D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 25, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec. 23, 1931, to Dec. 25, 1931

I last saw him alive on Dec. 23, 1931. Death is said to have occurred on the date stated above, at 6 a.m.

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

| | Date of onset |
|---|---|
| Premature Birth. | |
| | |
| | |
| | |
| | |

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Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... 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? ...

If so, specify ...

(Signed) [illegible] M.D.

(Address) Cliquatow Mo.