

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

Do not use this space.

3625

1. PLACE OF DEATH

County Adair
Township
City Kirkville (No.)

Registration District No. 4
Primary Registration District No. 3005

File No.
Registered No. 15 St. Ward)

2. FULL NAME

(a) Residence No. Thomas Moore St. Ward.
(Usual place of abode) Kirkville R.F.D.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>10-7-1931</u>		
7. AGE	YEARS	MONTHS
	<u>00</u>	<u>3</u>
		DAYS
		<u>28</u>
		IF LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation.
	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)	

12. BIRTHPLACE (CITY OR TOWN) Kirkville
(STATE OR COUNTRY) Missouri 1

FATHER 13. NAME Ralph Moore

FATHER 14. BIRTHPLACE (CITY OR TOWN) Louis 2
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Lenora Evans

MOTHER 16. BIRTHPLACE (CITY OR TOWN) Missouri 1
(STATE OR COUNTRY)

17. INFORMANT Ralph Moore
(ADDRESS) Kirkville Mo. R.F.D.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Duty was Kirkville DATE 2-6- 1931

19. UNDERTAKER Dee Riley
(ADDRESS) Kirkville Mo.

20. FILED Feb 8 1932 Mrs O.H. Becker
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 5 1932

22. HEREBY CERTIFY, That I attended deceased from Jan 1 1932 to Feb 5 1932
I last saw John alive on Jan 1 1932 Death is said to have occurred on the date stated above, at m.

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

congenital Syphilis Date of onset

Other contributory causes of importance 34

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 ✓ 1932
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 John F. Dodson M. D.
(Signed) Kirkville Mo.
(Address)

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.

1028-1 1932

