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

Do not use this space.

20593

1. PLACE OF DEATH 93 County St Clair Registration District No. 763
Township Butler Primary Registration District No. 6005
City (No. , St. Ward)

File No.
Registered No. 10

2. FULL NAME James Arthur 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 17 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 → Ella Moore

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 21, 1872

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
60	4	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 1
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) Near Liberty Ill Adams Co 2

FATHER
13. NAME Adam Moore
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Liberty Ill Adams Co

MOTHER
15. MAIDEN NAME Louisa Swartz
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Liberty Ill Adams Co

17. INFORMANT (ADDRESS) Ella S Moore 1

18. BURIAL, CREMATION, OR REMOVAL PLACE Louisa Co. Cemetery DATE Louisa City Mo 6/24 1932

19. UNDERTAKER (ADDRESS) H. C. Austin Louisa City Mo

20. FILED 6/23 1932 Leo S. Wright Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 14, 1932, to June 23, 1932
I last saw him alive on June 22, 1932. Death is said to have occurred on the date stated above, at 7 15 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer Stomach & Liver	
46	
46	

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? none 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?
If so, specify
(Signed) C. S. Stratton, M. D.
(Address) Louisa City

...tem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIA... should state ... OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUL 27 1932

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
County St. Clair — Registration District No. 763 — File No.
Township Butler — Primary Registration District No. 6005 — Registered No. 10
City ..... (No. ..... St. ..... Ward)

2. FULL NAME James Arthur 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 M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) M
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
7. AGE YEARS MONTHS DAYS 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)

FATHER
13. NAME Elmer Moore
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)
18. BURIAL, CREMATION, OR REMOVAL
PLACE ..... DATE 19
19. UNDERTAKER (ADDRESS)
20. FILED 6/23 1932 Leo S. Wright Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 23, 1932
22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... 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:

	Date of onset
Cancer of stomach & liver	
Liver Primary	

Other contributory causes of importance:
466

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) C. S. Stratton, M. D.
(Address) Lamy City

SUPPLEMENTARY

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

. AUSTIN

St. Clair Co. H. C. AUSTIN

Furniture, Rugs Linoleums Radio Sets and Equipment	ESTABLISHED 1905 **Austin Bros. Furniture Co.** UNDERTAKING AND EMBALMING MONUMENTS	Window Shades Wall Paper Curtains Paints, Varnishes

Lowry City, Mo. 8/16/33

Missouri State Board of Health
Beaurao of Vital Statistics
Jefferson City Mo.

Gentlemen:- In Janurary 1932, sometime after date of 23rd (date of death) our local register filed certificate of a Mr James Arthur Moore. In this certificate the wife Mrs Ella Moore, gave the name of the deceased Mr M Moore's father as, Adam Moore, this was an error and Mrs Moore wishes this changed to, ABNER MOORE which is correct, so as to make a more complete record.

Yours very truly,

Austin Bros Fur & Und. Co

Request of the wife of James A Moore,
Deceased

RECEIVED
AUG 17 1933
THE STATE BOARD OF HEALTH
OF MISSOURI