V. S. No. 2

MARGIN RESERVED FOR BINDING

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.

AUG 25 1932

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

Do not use this space.

23671

1. PLACE OF DEATH
County: Pettis — Registration District No.: 668 — File No.:
Township: — Primary Registration District No.: 3032 — Registered No.: 199
City: Sedalia (No. Bothwell Hospital St. Ward)

2. FULL NAME: Dell Moore
(a) Residence, No. 623 E. 18th 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): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Myrtle Moore 1829

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 25 - 7880

7. AGE: YEARS 53 MONTHS 6 DAYS 4 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Decorator
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 22 1 37
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): Kiss

FATHER
13. NAME: O R Moore
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Penn.

MOTHER
15. MAIDEN NAME: Susan Brundgen
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill

17. INFORMANT (ADDRESS): Mrs Dell Moore Sedalia

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Sedalia DATE: Aug 1 1932

19. UNDERTAKER (ADDRESS): Fitzgerald

20. FILED: 7-31 1932 J G Lee Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1932, to July 29th, 1932
I last saw him alive on July 29th 1932. Death is said to have occurred on the date stated above, at 7:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolism	7-29-32
D M B	

Other contributory causes of importance:
Hypertrophied Prostate

Name of operation: Prostatectomy Date of: 7-19-32
What test confirmed diagnosis? Findings at autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 19....
Where did injury occur? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. None
Manner of injury: ✓
Nature of injury: ✓

24. Was disease or injury in any way related to occupation of deceased?
If so, specify: No
(Signed) Jno B Carlisle, M. D.
(Address) 314 Ohio - Sedalia Mo