

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.

OCT 3 5 1932

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

Do not use this space.

31816

2A
21

1. PLACE OF DEATH

27 County Cooper
Township Paterson
City Bunceton (No.)

Registration District No. 219
Primary Registration District No. 3309

File No.
Registered No.
St. Ward)

2. FULL NAME

Thomas J. 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 5 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 (Widowed)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Grace Moore
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7/4/1869
7. AGE YEARS 63 MONTHS 3 DAYS 2 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Cooper County, Mo

MOTHER 13. NAME Jefferson Moore

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper County

15. MAIDEN NAME Margaret Ann Burbridge

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT Carl Moore
(ADDRESS) Bunceton, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Depton DATE Oct 7 32

19. UNDERTAKER W. H. Barber
(ADDRESS) Bunceton, Mo

20. FILED Oct 6 1932 H. H. Ellis
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 6 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 15th, 1932, to Oct 6th, 1932
I last saw him alive on Sept. 28th, 1932 Death is said to have occurred on the date stated above, at 7:30 a.m.
The principal cause of death and related causes of importance were as follows:
Valvular Heart trouble

Date of onset Jan 1932
47A
J. H. Ellis
Other contributory causes of importance:
Original Effusion

Name of operation None Date of
What test confirmed diagnosis? L 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) W. H. Ellis, M. D.
(Address) Bunceton, Mo

