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.

NOV 29 1932

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

Do not use this space.

34542

1. PLACE OF DEATH

108

County Vernon — Registration District No. 875 — File No.

Township Badger — Primary Registration District No. ~~3039~~ 6161 — Registered No. 217

City Nevada Mo (No. , St. Ward)

2. FULL NAME Thomas D. Moore

(a) Residence, No. Vernon Co St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 6 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: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Julia Ann Lyon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 15 1847

7. AGE: 85 YEARS — MONTHS: 7 — DAYS: 0 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter
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) June 1 1919
11. Total time (years) spent in this occupation 30 years

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Fancy Gap Virginia

FATHER

13. NAME: William Moore
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Fancy Gap Virginia

MOTHER

15. MAIDEN NAME: Mary Bagus
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Winsom Salem Virginia

17. INFORMANT (ADDRESS): Lester Moore Nevada Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE: Sandstone C. DATE: Oct 17 1932

19. UNDERTAKER (ADDRESS): Ferry Funeral Home Nevada Mo

20. FILED 11-2 1932 E. R. King Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct-15-1932

22. I HEREBY CERTIFY, That I attended deceased from —, 1930, to Oct 11, 1932

I last saw him alive on Oct-11-30, 19 Death is said to have occurred on the date stated above, at 5 P.M.

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

82A

Cerebral Hemmorrage — Date of onset: 4 mos. yrs ago

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? Clinical 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. L. Kirthly, M. D.

(Address) Milo Mo.