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.

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

Do not use this space.

36175

File No.
Registered No.

1. PLACE OF DEATH
County Johnson
Township ~~Madison~~
City Holden Mo. (No. , St. Ward)

Registration District No. 427
Primary Registration District No. 4253

51 2 2 1933

2. FULL NAME James M. 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 60 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Mary Alice Moore

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 17 - 1849

7. AGE: Years 83 | Months 7 | Days 6 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gardener
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gardener
10. Date deceased last worked at this occupation (month and year) April 1931
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wis. 2

FATHER
13. NAME James M. Moore
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Y.

MOTHER
15. MAIDEN NAME Dont Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know 31

17. INFORMANT (ADDRESS) Mrs. Chas Baldwin

18. BURIAL, CREMATION, OR REMOVAL
PLACE Holden Cem. DATE 11/25 32

19. UNDERTAKER (ADDRESS) John H. Murray Holden Mo.

20. FILED Nov. 24, 1932. Edward Andruss, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

3

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

22. I HEREBY CERTIFY, That I attended deceased from Nov. 14, 1932, to Nov. 23, 1932.
I last saw him alive on Nov. 23, 1932. Death is said to have occurred on the date stated above, at 6:45 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pleura - Pneumonia.	
11A	
104	
162	

Other contributory causes of importance:
Debilitage - and Senility.

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

1

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Edward Andruss, M. D.
(Address) Holden, Mo.